

CHOICE

Special **health** issue

Cold and flu treatments

— do any of them work?

Which health funds are worth paying for?

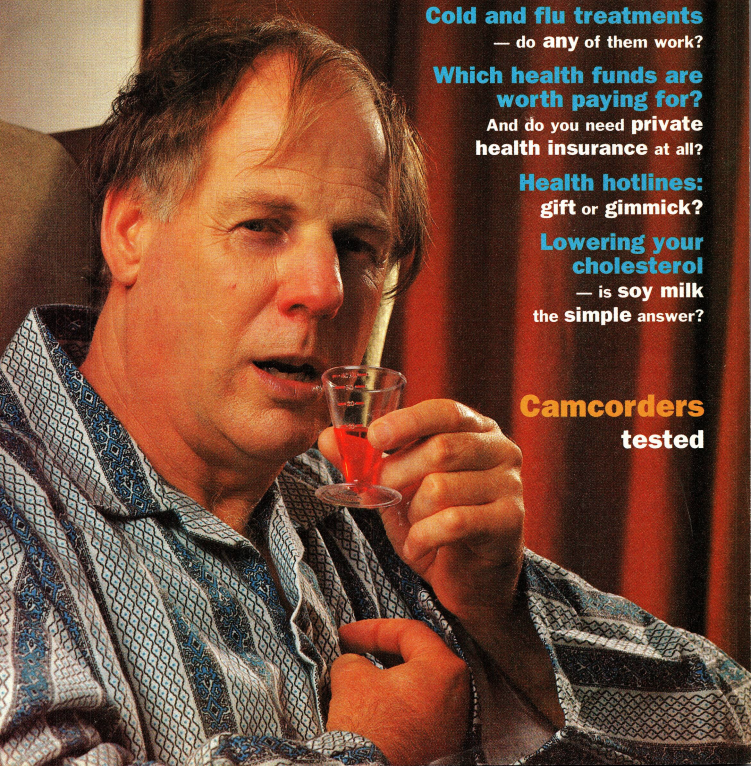
And do you need **private health insurance** at all?

Health hotlines:
gift or gimmick?

Lowering your cholesterol

— is **soy milk**
the **simple** answer?

Camcorders tested



About the Consumers' Association

The Australian Consumers' Association is a non-profit, non-party-political organisation established in 1959 to provide consumers with information and advice on goods, services, health and personal finances, and to help maintain and enhance the quality of life for consumers.

We are completely independent. All the products we test are bought randomly in the marketplace. We are not beholden to any commercial, government or union interests, and we don't accept advertising, paid or unpaid. Our income is derived from the sale of CHOICE and our other publications and products.

We test and rate products and services. Our CHOICE ratings are usually based on quality without regard to price, and are derived from lab tests, expert judgments and reader surveys. If a product is high in quality and relatively low in price, we deem it a Best Buy. A rating applies only to the brand and model tested, not to other models sold under the same brand name, unless so noted. We can't conduct special tests or provide information about tested products beyond what appears in CHOICE.

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Membership. Subscribers can become voting members of the Consumers' Association on application. Membership costs \$75 per year, which covers your subscription to CHOICE plus a further subscription to our policy magazine, *Consuming Interest*.

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Consuming Interest, our quarterly campaigning magazine, provides straight facts, probing analysis, in-depth reporting, informed opinion and stimulating debates. It also gives updates on the lobbying and campaign projects of the Consumers' Association.

CHOICE Travel. This magazine is produced by the UK Consumers' Association and reprinted by CHOICE four times a year. Its reports are independent in the same style as CHOICE and, while they're written from the perspective of a European base, most of the information in them is just as useful to travelling Australians.



*Choice Regulars***4 Choice Cuts**

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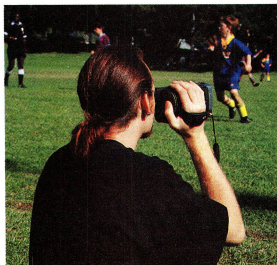
Have you ever wondered whether a 'lifetime guarantee' is worth the paper it's written on? This report takes a look at where you really stand.

*Choice Tests***19 Choosing a health fund**

If you decide you want more than Medicare can offer, this report measures up the funds and gives a Buying Guide for each state. Our extensive tables, detailing what's on offer state by state, start on page 24.

39 Camcorders

They range in price from less than \$800 to \$7500. How much do you have to pay to get a good model? Our test of 31 camcorders finds out.

**Coming in the next three issues**

Tests: First aid kits, CD-ROM encyclopaedias, salad bars, vacuum cleaners, circular saws, garden blower vacs, cots, kettles, dairy desserts, solar-powered lawnmower.

Reports: New surgical techniques, how to choose a lawyer, how to add value to your home, toothpaste, supermarket prices and which supermarkets you like best, where to invest \$10,000 or less, investing in retirement, how to buy a pool, setting up a trust fund, vitamin and mineral supplements, wedding photos and videos.

We try to bring you tests and reports in the planned month, but sometimes have to move an article because of problems that occur during testing and research, or for lack of space in a particular issue. We apologise if this causes any inconvenience.



CHOICE CUTS

Phone privacy

OPT-IN NOT AN OPTION FOR CND

WHAT IS CND? IT'S CALLING Number Display and it enables subscribers to the service to see a caller's telephone number displayed on a screen. If you can identify the caller by the phone number (say they're friends or relatives), you can choose whether to answer or ignore the call.

The same technology will allow businesses to record customers' (and potential customers') phone numbers.

Telstra trialled CND services during 1994 in Wauchope, NSW, where they were apparently well received.

Clearly this service raises all sorts of privacy issues. Key among them is whether phone subscribers can 'opt in' or 'opt out' of CND — will you have the chance to say yes or no first, or will you suddenly find yourself 'in' and have to take action to be 'out'?

CND has the potential to affect all but silent-line telephone subscribers, whose telephone numbers won't be transmitted automatically. In an opt-out system, anyone else who doesn't wish to have their number displayed can choose to block transmission on a per call basis or permanently (with the option of overriding the block for individual calls). You won't be charged for opting out.

If and when CND technology is to be offered to all Australian telephone subscribers is still undecided, but the terms and conditions for its introduction have



already been recommended. The Privacy Advisory Committee (PAC) of the telecommunications regulator, Austel, released a report a few months ago concluding that the service may be offered on an opt-out basis, subject to stringent privacy protection requirements.

The PAC recommendations include a privacy protection regime of self-regulatory guidelines for industry, which require it to ensure:

- A high level of public awareness of CND privacy issues *before* the service is introduced.

- A high level of public awareness of the options regarding the transmission of callers' numbers.

- The ethical use of CND-generated data by business.

CHOICE considers CND should be offered on an opt-in basis — see *Dial 'P' for privacy* in our June 1994 edition for a more detailed discussion of the issues.

CFC phase-out

CFC-FREE ASTHMA INHALERS

ASTHMA INHALERS containing chlorofluorocarbons (CFCs) are to be gradually replaced with ones that are better for the environment.

CFCs have been used in most asthma puffers to produce a mist that enables the medication to be inhaled deeply into the airways.

Newer dry-powder inhalers (such as the *Turbuhaler*, *Diskhaler* and *Rotahaler*) contain no CFCs, but they aren't suitable for all asthmatics.

In the mid-1980s, the amount of CFCs released from asthma inhalers was estimated at less than 1% of CFCs released into the air in Australia. However, in 1987 Australia, along with many other countries,

signed an international agreement (the Montreal Protocol) to phase out CFCs in order to stop further damage to the ozone layer. And since January this year, no new CFCs have been made in or imported into Australia — apart from those in asthma puffers.

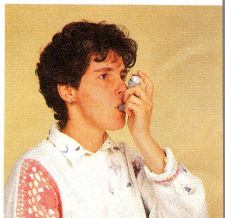
Because these are considered essential for the health of Australia's 1.4 million asthmatics, the pharmaceutical industry has been given until the end of 1998 to

phase CFCs out of aerosol inhalers.

CFC-free aerosol inhalers will contain propellants called hydrofluoroalkanes (HFAs), also known as hydrofluorocarbon (HFCs), which don't contain chlorine and so don't harm the ozone layer to the same extent. They may taste a bit different but will provide the same benefits as the old inhalers.

Already available in many overseas countries, the new devices are expected to be on the Australian market from later this year or early 1997.

In the meantime, don't change or stop your asthma medication without consulting your doctor.



Less environmentally damaging asthma inhalers will be available soon.

Food labelling

DON'T LET IT RAISE YOUR BLOOD PRESSURE

MANY SUBSCRIBERS have written to us over the years about an apparently contradictory labelling claim.

The label on some cans of tomatoes claims that they have 'no added salt', but the ingredient list includes 'mineral salt' (509) (calcium chloride).

Sounds like the maker is trying a small-print-swifty? In fact it's all above-board.

The term 'salt' has always been used to describe sodium chloride, even though chemically speaking many compounds are 'salts'. It's similar to the term 'sugar' being used to describe table sugar (sucrose) when there are numerous other sugars as well, such as fructose (found in fruit) or glucose.

It's the sodium in sodium chloride that's associated

with high blood pressure in some people, and these tinned tomatoes contain practically no sodium (5 mg per 100 g).

The mineral salt calcium chloride doesn't affect your health. It's used to help ensure the tinned tomatoes get to you in one piece. So the claim may seem confusing at first glance, but don't let it raise your blood pressure.

Ardmona

firm, ripe, peeled

TOMATOES

Ingredients: Tomatoes, tomato juice and mineral salt (509).

NUTRITION INFORMATION

Servings per Package:	3
Serving Size:	125g
PER SERVING (125g) PER 100g	
Sodium	6mg 5mg
Potassium	20mg 23mg

Ardmona Foods Limited
Young St., Mooroolbarn,
Victoria, 3629,
AUSTRALIA

PRODUCT OF AUSTRALIA

Mineral salt is no relation to 'salt' as we know it — sodium chloride — and the label is above-board.

ALTERNATIVE MEDICINE — BIG BUSINESS

AUSTRALIANS spend around \$1 billion a year on alternative medicines and therapists, according to South Australian research.

A new Adelaide University study, published in *The Lancet* medical journal, has found we spent \$621 million on alternative medicines in 1993. Visiting alternative therapists cost us an additional \$309 million.

The study, claimed to be the largest in the world on the use of alternative medicines and practitioners, suggests almost half of the population uses alternative medicines, while one in five of us consults at least one alternative practitioner a year, such as a chiropractor, naturopath, acupuncturist, homeopath or aromatherapist.

Research leader Associate Professor Alastair MacLennan of Adelaide University says most alternative (also known as traditional) medicines have not been tested for efficacy and safety, and at present it's difficult to distinguish those which work from those which are ineffective.

There is also concern that some are potentially dangerous, he says — for example, some traditional medicines used in Asia could cause heavy metal poisoning and some herbs could lead to kidney failure.

Dr MacLennan also claims there is little quality control of the constituents of some 'natural'

products — one survey recently reported in *The Lancet* showed several ginseng products in fact contained no ginseng, while in some instances Chinese medicines have been found which contained potent pharmaceuticals such as steroids.

According to Garry James, director of the Therapeutic Goods Administration (TGA) compliance branch, commercially manufactured products which are claimed to treat a medical condition are required to be registered with the TGA and to be assessed by the TGA for safety, quality and efficacy. All commercially produced traditional medicines are subject to similar quality control measures to orthodox medications.

However, the TGA has no authority over products imported by individuals for personal use, food products, raw herbs or traditional medicines mixed by practitioners.

Meanwhile, the Victorian and NSW health departments are currently reviewing the risks, benefits and practice of traditional Chinese medicine. Involving researchers from a consortium of universities led by the University of Western Sydney (Macarthur), the study is also investigating whether existing regulations are adequate and whether traditional practitioners should be registered. We'll report on their findings when they become available.



Alternative (or 'traditional') medicines are becoming big business — Australians spent \$621 million on them in one year.

Correction

CHOOSING A PERSONAL SUPER FUND

CHOICE, May 1996

In the fixed-interest table on page 32, four net five-year performance figures are incorrect. The figures for the four funds listed below had been calculated without including the effect of compound interest. All other net five-year performance figures given in the table are correct. The corrected figures for the four funds affected are:

- MLC Pers Super Int Bear Secure — Net five-year performance 7.50% (rather than 8.18%).
- L&G Pers Super Fixed Interest — Net five-year performance 7.35% (rather than 8.04%).
- L&G Super Fixed Interest — Net five-year performance 7.35% (rather than 8.04%).
- IOOF Super Cap Guaranteed — Net five-year performance 5.88% (rather than 6.48%).

Credit card charges



Make sure your credit card gets paid while you're on holiday or you could be in for a shock.

CREDIT WHEN IT'S DUE

KNOWING EXACTLY HOW charges are applied to your credit card means you can minimise your costs. One reader, RC from Black Rock in Victoria, wrote to tell us that when she received the first bill in August for her ANZ Telstra Visa card she got a nasty shock.

Not only was she given just 14 days from the statement date to pay the amount in full, but the bill had arrived three days after the statement date. Because RC had been on a 10-day holiday when the statement came she ended up paying the bill two days late.

When she got her next bill she was alarmed to discover that she'd been charged interest on purchases made for that month as well as on those for which she'd missed the payment date the previous month. In effect, the late payment one month penalised her for purchases made the following month too.

In response to her written complaint about the short time for payment, ANZ just quoted the terms and conditions.

To prevent this happening again, one option for RC would be to arrange for a direct monthly debit from her savings account to

ensure payment is made on time (check with the card issuer for details of how you could do this). It should be possible through your bank, credit union or building society.

Note that the ANZ card isn't alone in having a short interest-free period — and many cards have none at all.

A new booklet called *Know your credit card* from the Australian Competition and Consumer Commission (ACCC) is designed to help you in such situations. The booklet explains how credit cards work and offers advice on things like loyalty schemes, what to do if something goes wrong, as well as tips on how to minimise the chances of your card being used fraudulently.

To get a copy of the booklet ask at any bank or credit union branch, or phone the ACCC in your state and ask them to mail one to you. If you want up-to-date information on interest charges for different credit cards, call MONEYCHOICES on 1902 262 622. Calls cost \$1.50 per minute, and are charged to your telephone bill.



Soy hope or hype?

FOOD MANUFACTURERS AREN'T allowed to make health claims about their products. So has Sanitarium overstepped the mark with its So Good ad that was running earlier this year?

The ad claimed drinking soy milk instead of cow's milk can cut your long-term risk of heart disease by almost 23%. CHOICE considers this a health claim and therefore ought not to be permitted, but is it even true?

In more recent ads, Sanitarium has been more circumspect, saying that "drinking So Good on a regular basis (2 glasses per day) instead of full cream milk helps fight cholesterol". We consider this still amounts to a health claim, but why the watered-down version?

We were particularly concerned about the earlier ad because Sanitarium based it mainly on the results of a recent study it funded. Conducted by researchers from the University of Newcastle, the study involved 44 men of normal weight who had mildly elevated blood-cholesterol levels. Men who drank a litre of soy milk a day for six weeks instead of a daily litre of regular milk were able to reduce their levels of LDL ("bad") cholesterol by more than 11% and total cholesterol by 9%.

Other studies have suggested that a 1% rise in cholesterol means a 2% increase in your heart disease risk.

Armed with all this, Sanitarium appears to have made a giant leap of deduction and concluded that continuing to drink soy milk could reduce your long-term risk of heart disease by almost 23%.

But from the results of this one study, it's impossible to be sure that everyone who drinks soy milk instead of cow's milk will have a decreased risk of heart disease, let alone a 23% reduction.

WHAT THEY DON'T TELL YOU

As we pointed out in the article on milk in the June issue of CHOICE, the best cow's milk choice for people with a cholesterol problem is not regular milk, which is relatively high in fat and cholesterol, but low-fat or skim milk, which contains practically no fat or cholesterol.

In the So Good Newcastle study, people switching from *reduced-fat* cow's milk to *reduced-fat* soy drink lowered their total and LDL cholesterol levels by only 5%, while changing from *low-fat* cow's milk to *low-fat* soy had no significant effect on cholesterol readings.

In fact, if you drank a litre of regular soy drink every day, your blood cholesterol could even increase if you (unlike the men in the study) were overweight. Controlling your weight is an important part of reducing cholesterol levels and heart disease risk, so, as with cow's milk, you need to choose a low-fat version of soy milk if you're watching your weight.

OVERSEAS RESEARCH

Soy protein certainly can be good for your health, and the Newcastle soy milk study is only one of many that have found that various forms of soy protein can lower cholesterol levels in some circumstances.

Last year, an analysis of 38 scientific studies from around the world found that replacing animal protein with soy protein reduced total blood cholesterol levels by an average of 9% and LDL cholesterol by nearly 13%. But the greatest reduction occurred in people with very high levels to start with (over 8.7 mmol/L). There was no significant

drop among people whose original level was 6.6 mmol/L or less (below 5.5 mmol/L is considered normal).

This analysis of 38 studies also suggests you need to consume more than 30 g of soy protein a day to get a beneficial drop in cholesterol. To get this much from soy drink alone, you would need to drink on average at least four cups — around a litre — every day.

In fact, from research so far it's not clear whether it's soy protein itself that lowers cholesterol or something else in soy — fibre and hormonal substances called phyto-oestrogens are two candidates.

However, soy beans contain many valuable nutrients, including protein, minerals and vitamins. So soy products — like drinks, tofu and soy 'meat' — can certainly play a role in a healthy diet. But soy isn't a wonder food, and it isn't a cholesterol-lowering magic bullet.

IS ALL SOY SO GOOD?

Some soy products are better than others. Some contain more soy protein, while some may be high in fat. So don't think that by eating a lot of soy products, you're automatically doing your heart some good. Soy crisps, for example, contain similar levels of fat to regular potato crisps.

THE BOTTOM LINE

Soy beans aren't the only products that can help in lowering your cholesterol — other legumes (dried beans), oats and some fruits and vegetables can too. And neither soy protein nor any other food can magically and permanently lower your cholesterol by itself. Drinking a litre a day of soy milk won't help if you continue to eat a fatty diet and don't get much exercise.

A high blood cholesterol level is only one risk factor for heart disease. To reduce your risk of heart disease:

- Cut down on foods high in saturated fat.
- Exercise regularly.
- Maintain a healthy weight.
- Ensure your blood pressure is normal.
- Avoid smoking.



So Good soy drink — can you really lower your cholesterol by drinking it?

Do cold and flu remedies work?

People spend millions of dollars each year on cold and flu remedies, but usually the most they'll do is relieve the symptoms. There's no such thing as a cure.

THERE ARE LITERALLY DOZENS of cold and flu remedies on the market and new formulations come out all the time. However, the vast majority of cold and flu tablets and cough mixtures only give some temporary relief — they don't speed up your recovery.

Some 'remedies' are particularly strange, containing contradictory ingredients, such as medications with both suppressants (to stop coughing) and expectorants (designed to help you cough mucus out).

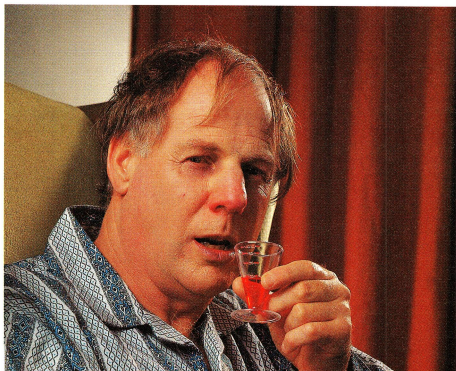
If your symptoms are bearable, you're probably better off saving your money and treating your cold or flu the old-fashioned way — by drinking plenty of fluids, resting if possible, and seeing your doctor if your symptoms don't go away after a few days, or if they get worse.

COLD OR FLU?

Colds and flu share a lot of symptoms, but as anyone who's suffered from both can tell you, flu tends to come on more suddenly and is more severe than a cold.

■ **Cold symptoms:** A sore throat, sneezing, a runny or blocked nose, mild tiredness and sometimes a mild to moderate cough. Headaches and fever are less common. A cold is usually over within a week, whether you take medication or not.

■ **Flu symptoms:** Fever is common and usually comes on suddenly. Headaches, sensitivity to light, extreme tiredness which can last for two or three weeks, and joint and muscle pain also feature. A runny nose and sore throat are less common, but coughs can be severe.



Nausea and vomiting sometimes occur too.

WHAT TO DO?

The best way to treat cold or flu symptoms is individually. If you have joint pain, take a painkiller. If you have a blocked nose, use a nasal spray or drops (but don't overuse them — see *Runny or blocked nose* on page 8). The idea is to avoid 'taking combination remedies, which often contain medication you don't need. When in doubt, tell the pharmacist your symptoms and ask their advice.

■ **Combination remedies** (in the form of liquids, tablets, capsules or drink sachets) often contain a painkiller (which can also reduce fever), a decongestant for a blocked or runny nose and often a suppressant or expectorant for a cough. An antihistamine may also be included.

The problem with these remedies is you can't adjust the amount of each drug according to your needs, so even if your joint pain has gone, for example, you're still taking a painkiller unnecessarily. It's better to treat each symptom when and if it occurs, with recommended doses suited to your needs.

■ **Simple remedies** can be helpful. If you have a sore throat suck a lolly, or drink

tea or hot water (with lemon and honey for flavour). Gargling a mug of warm water with half a teaspoon of salt will help reduce the phlegm and provide some relief.

But most importantly, drink plenty of fluids like clear soup, lemonade or water and try to rest. If you have a chesty cough and blocked nose, fluids will help liquefy the mucus so it can be blown or coughed out of your system.

Inhaling steam from a bowl of hot water or placing a vaporiser in your room will help in the same way — but make sure you supervise children so they're not scalded. The water doesn't need to be boiling to produce steam — and put the bowl in the sink or hand-basin so it doesn't matter if they tip it over.

Adding some eucalyptus oil to the water is often said to help decongestion, but there is no medical proof that it does anything other than smell good.

And of course, you could always try vitamin C, which some studies indicate may reduce the severity of symptoms and speed up recovery. Echinacea and garlic tablets are also touted to help colds, but only folklore supports their effectiveness — there's no scientific proof that they help.

Treating the symptoms

PAIN AND FEVER

If you have a headache, a temperature or joint and muscle pain, take paracetamol, aspirin or ibuprofen — all these painkillers also reduce fever, and the latter two also help reduce inflammation. Another painkiller often mixed with paracetamol or aspirin to make them work more effectively is codeine (which also acts as a cough suppressant).

Paracetamol has the fewest side effects of all these drugs, and children shouldn't take aspirin. See *Drug dangers*, right, for the side effects of painkillers and who should avoid them.

Always stick to the recommended dosages on the packet. While paracetamol is safe at the recommended intake, it's a particularly dangerous drug in very large doses — it can cause liver damage or even death. Check with your doctor before taking painkillers for an extended time. If you choose to take combination remedies, don't take other painkillers with them, as you could exceed the maximum daily dose.

When it comes to buying painkillers, there are dozens of brands available, but despite what their marketing implies, they nearly all contain the active ingredient in the same amount (be it aspirin, paracetamol, codeine, ibuprofen or a



Painkillers also reduce fever.

combination), but their prices can vary hugely. So go for the cheapest — brand loyalty is an expensive luxury with painkillers.

RUNNY OR BLOCKED NOSE

Ideally you shouldn't take any medication for this, because blowing your nose is the safest, cheapest and most effective method of helping your body defeat a virus. The simplest remedy is to inhale

steam and drink lots of fluids, to help liquefy the mucus.

Nasal decongestants

If your blocked nose is interfering with your work or you need to travel on a plane, short-term use of a nasal spray or drops is the safest option. These apply a decongestant directly to the area needed. But using a nasal spray or drops too often or for too long can cause congestion to return when you stop using them (called 'rebound' congestion). Always



Nasal decongestants work, but don't overuse them.

follow the directions and after using them for a period of time, take at least a two-day break before using a spray or drops again.

Some nasal sprays contain camphor or menthol, which may cause stinging or burning. They're also often used in nasal inhalers, rubs and lozenges and may momentarily clear your nose, but they have no long-term effect.

■ **Our verdict:** Can be useful.

Oral decongestants

These are found in many of the treatments and travel throughout the body — which means they can act unnecessarily on other areas that don't need it, as well as your nasal passages. As a result, oral decongestants (such as pseudoephedrine) can make some people agitated and unable to sleep. They can also make children over-active. (See *Drug dangers*, right.)

■ **Our verdict:** Effective for a runny or blocked nose, but a decongestant nasal spray or drops may be a better choice for some people.

Antihistamines

Antihistamines counteract histamine, a chemical released by the body when it's



Antihistamines: Little evidence products containing them are useful for colds or flu.

allergic to something. There's little evidence that they are useful in treating a cold or flu, yet many mixtures include them — usually in the 'night' section of night and day formulas, probably because one of their side effects is to cause drowsiness.

They act by drying up or thickening mucus in the nasal passages and chest, which may stop a runny nose. However, drying up congestion won't assist your recovery, because the mucus needs to be thinned in order to be easily blown or coughed out.

Because antihistamines make you drowsy, it's dangerous to take them if you need to drive or use machinery. They also shouldn't be given to children under the age of two without medical advice — see *Drug dangers*, right, for details.

■ **Our verdict:** They may relieve symptoms and help you sleep but won't speed recovery.

SORE THROAT

Gargles

Some gargles contain an anaesthetic or painkiller, but because they don't stay in contact with the throat for long, they provide only short-term relief. Adults (but not children — see *Drug dangers*, right) can try gargling with dissolved aspirin for a sore throat, to reduce inflammation. Salt-water and hot-water



Gargles and lozenges need an anaesthetic or painkiller in them to be effective.

gargles may help, but do little more than reduce phlegm.

■ **Our verdict:** May provide some temporary relief.

Lozenges

Unless they contain an anaesthetic or a painkiller, many sore throat lozenges are just overpriced versions of any other lolly from your local supermarket. Sucking them makes you produce more saliva, which soothes your throat. A packet of barley sugar could be just as effective. But lozenges with an anaesthetic such as benzocaine or painkiller such as benzydamine help make your throat less painful.

Lozenges are most effective if placed between the back of your cheek and your tongue and allowed to dissolve, mixing into your saliva before moving down your throat. Avoid sucking anaesthetic lozenges on your tongue, because it may become numb too.

Lozenges with menthol or camphor may clear your nose while you're sucking them, but this is only temporary.

■ **Our verdict:** For a sore throat, save your money, unless the lozenges contain an anaesthetic or painkiller.

COUGHS

Believe it or not, loose coughing is a good thing — it's your body's way of removing mucus from your chest. **Expectorants** are claimed to thin and loosen the mucus in the chest. **Cough suppressants**, on the other hand, are for calming dry, unproductive coughs. Some medications we found contain both, which seems counter-productive.

Expectorants

These usually contain ingredients like bromhexine, guaiphenesin or senega and ammonia. While some people swear by expectorants, there is little medical evidence of their usefulness. Drinking plenty of fluids probably works as well



Expectorants: Little medical evidence of their usefulness.



Cough suppressants: Only use them for a dry, unproductive cough.

as any expectorant, because it helps loosen the mucus.

■ **Our verdict:** They won't do you any harm if you stick to the recommended dosage, but drinking lots of fluid is cheaper and probably just as effective.

Suppressants

Suppressants act on the cough centre in the brain or receptors in the respiratory system to reduce coughing. Antihista-

mines may also reduce coughing by drying the mucus, but they aren't true suppressants (see *Rummy or blocked nose: antihistamines*, left).

Suppressants should only be used if you have a painful, dry, persistent cough. Using suppressants for chesty coughs could delay recovery, and more often than not only help those *listening* to the cough, rather than the person actually coughing.

■ **Our verdict:** Only use them if your cough is dry and unproductive.

Cough medicines with an oral decongestant

Many cough mixtures act as combination remedies by including an oral decongestant. They are claimed to work by reducing congestion in the upper airways.

■ **Our verdict:** Ask the pharmacist what's in the cough mixture, and whether the ingredients are suitable for your symptoms.

Drug dangers

Before buying any over-the-counter cold or flu medication, speak to your pharmacist in case you have any condition that may be affected by the treatment. ■ Children and teenagers should not take **aspirin**, as it has been linked to the rare brain disease Reye's Syndrome. Breastfeeding mothers should also avoid aspirin, as their baby can absorb it through breast milk, and pregnant women shouldn't take it in late pregnancy.

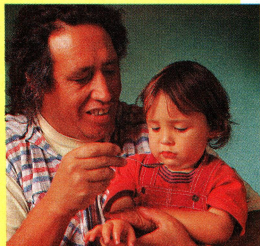
■ Avoid **aspirin** and **ibuprofen** if you have asthma, if you're a haemophiliac, or if you have a history of gastrointestinal problems, such as ulcers.

■ The painkiller and cough suppressant **codeine**, usually blended with aspirin or paracetamol, can give you constipation in large doses. It can also make some people sleepy, and shouldn't be taken in conjunction with other drugs that act on your nervous system, such as antihistamines, sleeping tablets or antidepressants.

■ Check how much **paracetamol** or **aspirin** is in combination remedies. Don't take more than the recommended dose, either at one time or daily. Don't take other painkillers or drink alcohol while taking combination remedies containing painkillers or sedatives like antihistamines. Check with your doctor or pharmacist before taking painkillers for an extended period.

■ Avoid **oral decongestants** if you have a heart problem, high blood pressure, diabetes, thyroid or prostate problems, or if you're on antidepressants.

■ **Antihistamines** can make you drowsy and affect your concentration and co-ordination. Avoid them if you have to drive or operate machinery. Babies (under the age of two) should not be given antihistamines without medical advice as they could interfere with breathing and inhibit feeding.



Always check the label before giving your child medications.

Nasal sprays and drops, gargles, drinks

Brand (in alphabetical order within groups)	1 Painkiller / anti-fever	2 Cough suppressant	3 Decongestant	4 Expectorant	5 Antihistamine	Pack size	Pack price (\$)	Daily price (\$)
NASAL SPRAYS / DROPS								
COLDEN Decongestant Nasal Spray			✓			20 mL	8.58	0.46
DIMETAPP 12 Hour Nasal Spray			✓			20 mL	8.52	0.67
DRIXINE Adult Nasal Solution			✓			15 mL	8.68	0.32
NYAL Decongestant Nasal Spray			✓			15 mL	6.67	0.65
OTRIVIN		✓				15 mL	8.77	0.34
SPRAY-TISH Dry Metered Aerosol			✓			12 mL	11.70	0.88
VASYLOX Junior Nasal Drops			✓			25 mL	8.32	0.30
GARGLES								
CEPACCAINE	(A)					200 mL	11.25	(B)
DIFFLAM Anti inflammatory solution	✓					200 mL	10.98	(B)
DRINKS								
LEMSIP Flu	✓	✓	✓		✓	10 sachets	7.62	4.57

(A) Contains a topical anaesthetic, which relieves pain by numbing, but does not have an anti-fever effect.

(B) Daily price not calculated as there is no recommended daily dose.

These tables mainly include the over-the-counter products specifically marketed to relieve colds and flu that we could find in pharmacies at the time of writing this article (May). This excluded a lot of products not directly marketed for colds and flu but aimed at relieving one specific symptom — for example, some products which contain only pseudoephedrine as a decongestant, rather than as an ingredient in a combination treatment. Some of the 'cold and flu' treatments, however, do in fact only contain one ingredient — see the tables. If you find cold and flu products that haven't been included, they either weren't on the market at the time, or weren't stocked by the large number of pharmacies we checked.

Ideally, symptoms of colds and flu should be treated individually, so you're best to choose individual products that each tackle a specific symptom, or to check that a combination product only contains what you need. In the tables we've ticked the type(s) of ingredient each product contains — use them to choose products that **don't** contain unnecessary ingredients for your symptoms.

1 Painkillers/anti-fever

All the cold and flu remedies with painkillers/anti-fever medications we bought contain either aspirin or paracetamol. Paracetamol has the least side effects of the two, and aspirin should not be given to children (see *Drug dangers* on page 9).

Some also contain codeine, which also acts as a cough suppressant. Ibuprofen is another painkiller you may come across.

2 Cough suppressants

These should only be used for dry, unproductive coughs. Common suppressants include codeine, dextromethorphan, ethylmorphine and pholcodine.

3 Decongestants

Many cold and flu treatments contain a decongestant, but these travel throughout the body as well as acting on your nasal passages and might cause unwanted side effects, such as sleeplessness. You may find a nasal spray is just as effective, without the side effects. Commonly used decongestants are oxymetazoline, pseudoephedrine, phenylephrine, phenylpropanolamine, methoxamine and methoxyphenamine.

4 Expectorants

Expectorants are claimed to thin and loosen the mucus in your chest, to make it easier to cough up. Commonly used ingredients are ammonium chloride, bromhexine, creosote, guaiphenesin and senega and ammonia.

5 Antihistamines

Antihistamines don't really belong in cold or flu treatments as they are only meant to be used for allergies. However,

many combination remedies include them to suppress coughs by drying up mucus. They also make you sleepy (they're usually in the 'night time' section of day and night formulations). Antihistamines commonly used in these mixtures are brompheniramine, chlorpheniramine, diphenhydramine, diphenylpyraline, doxylamine, promethazine and triprolidine.

6 Daily price

The daily price is intended just to be a guide to relative cost; it doesn't relate to the different formulation strengths and their effectiveness. It's based on the average price of each product in three pharmacies and the maximum dose per day for an adult. With medications specifically for children, we based the daily price on the maximum dose per day for a 10-year-old. For infants, we chose the daily dose for a two-year-old because some 'infant' preparations that contain antihistamines should not be given to children under two, except on medical advice. Children's doses vary according to their age (as will the daily price), so read the directions carefully before giving it to them.

Some medications are more powerful than others (such as those lasting 12 hours) and therefore need to be taken less frequently. Always read the instructions first and follow them (and your doctor's or pharmacist's advice) carefully.

Tablets

Brand (in alphabetical order within groups)	Painkiller / anti-fever	Cough suppressant	Decongestant	Expectorant	Antihistamine	Pack size (number of tablets)	Pack price (\$)	Daily price (\$)
ACTION Cold and Flu	✓		✓		✓	20	8.47	3.39
ACTION Chewable For Children			✓		✓	20	8.62	3.45
CODRAL Cold and Flu	✓	✓	✓			24	10.27	3.42
COLDGUARD Cold and Flu	✓	✓	✓		✓	20	6.32	1.90
DEMAZIN Cold and Flu	✓		✓		✓	14	10.88	3.11
DEMAZIN Repetabs			✓		✓	18	10.50	1.17
DRIXORA Repetabs			✓			18	9.30	1.03
HUNTER'S Cold and Flu	✓	✓	✓			24	8.83	2.94
LOGICIN Cough and Cold	✓	✓	✓			20	8.80	2.64
LOGICIN Flu Strength	✓	✓	✓			24	7.58	2.53
LOGICIN Flu Strength Day and Night	✓	✓ (A)	✓		✓ (B)	24	8.60	2.87
ORTHOCOL Cold and Flu Caplets	✓	✓	✓			24	9.60	3.20
ORTHOCOL Day and Night Caplets	✓	✓	✓ (A)		✓ (B)	24	9.60	3.20
PANADOL Cold and Flu	✓	✓	✓			24	9.87	3.29
SOUL PATTINSON Cold and Flu			✓			24	5.88	0.98
SUDAFED Daytime Nighttime	✓		✓		✓ (B)	24	11.07	2.77
TYLENOL Cold and Flu Non Drowsy	✓	✓	✓			24	8.97	2.99
TYLENOL Cold and Flu With Antihistamine	✓	✓	✓		✓	24	8.95	2.98

(A) Included in the 'Day' part of the medication only.

(B) Included in the 'Night' part of the medication only.

Capsules

Brand (in alphabetical order within groups)	Painkiller / anti-fever	Suppressant	Decongestant	Expectorant	Antihistamine	Pack size (number of capsules)	Pack price (\$)	Daily price (\$)
ACTIFED-CC Chesty			✓	✓		12	7.28	3.64
ACTIFED-CC Dry		✓	✓			12	7.28	3.64
CHEMMART Cold and Flu	✓	✓	✓			18	7.95	2.65
CONTAC			✓		(B)	10	10.20	2.04
DAY AND NIGHT Cold and Flu	✓	✓	✓ (A)		✓ (C)	24	10.35	3.45
DIMETAPP Cold, Cough and Sinus Non Drowsy		✓	✓	✓		20	10.62	4.25
THRIFT Decongestant, Cold and Sinus	✓	✓	✓			20	6.15	1.85
VICKS Headclear Non Drowsy	✓		✓			24	8.42	2.81
VICKS Headclear With Antihistamine	✓		✓		✓	24	8.45	2.82

(A) Included in the 'Day' part of the medication only.

(C) Included in the 'Night' part of the medication only.

(B) Contains anticholinergics — these have a similar effect to antihistamines.

Narium nasal drops are "non-medicated", according to the label — not a surprising claim when you consider they're made from salt water. At around \$7 a bottle that's pretty expensive non-medication.



Do I need a doctor?

Colds and flu account for more visits to the doctor than any other medical ailment — and many are unnecessary. Because they're caused by viruses, there's little more a doctor can do than tell you to "take a painkiller, drink lots of fluids and go to bed". Antibiotics are useless unless you develop a secondary bacterial infection (for example, a chest infection).

Make an appointment to see your doctor if you have:

- Greenish or yellow mucus (indicating a secondary bacterial infection and the need for antibiotics).
- Facial pain or an earache.
- For adults, a fever above 37.7°C (100°F) lasting more than 48 hours.
- Difficulty breathing or swallowing, or if you are wheezing.
- A severe sore throat or hoarseness.
- Chest pain.
- Swollen glands in your neck.

If flu symptoms are severe or last more than a few days, or if you are pregnant, older, very young or chronically sick, see a doctor.

Liquids

	1	2	3	4	5	6
Brand (in alphabetical order within groups)	Painkiller / anti-fever	Cough suppressant	Decongestant	Expectorant	Antihistamine	Pack size (mL) Pack price (\$) Daily price (\$)
ACTIFED Elixir			✓		✓	100 9.58 2.16
ACTIFED-CC Chesty			✓	✓	✓	100 9.48 3.79
ACTIFED-CC Jnr.		✓			✓	100 8.80 3.52
AMCAL Cough and Cold Elixir		✓	✓	✓	✓	200 10.62 1.59
AMCAL Decongestant Mixture		✓	✓	✓		200 11.45 1.72
AMCAL Infant Decongestant (A)			✓		✓	50 6.88 1.38
AMCAL Senega and Ammonia Mixture APF				✓		200 2.95 1.77
BENADRYL Cough Medicine				✓	✓	100 9.07 5.44
BENATUSS For Children		✓	✓	✓	✓	100 9.23 3.69
BENYPHED		✓	✓		✓	100 9.90 2.97
BISOLVON Elixir				✓		250 13.67 3.28
BONNINGTON'S Irish Moss						200 5.88 3.53
BUCKLEY'S Canadiol Mixture				✓		100 7.52 9.02
CODRAL Linctus	✓	✓	✓			100 8.95 3.58
DELIXIR Cough Medicine				✓	✓	200 7.95 2.39
DEMAZIN Syrup			✓		✓	100 8.13 4.88
DIMETAPP DM		✓	✓		✓	100 9.48 5.69
DIMETAPP Elixir			✓		✓	100 8.32 1.66
DIMETAPP Infant Drops (A)			✓		✓	50 8.80 0.85
DURO-TUSS Decongestant		✓	✓			200 11.47 2.58
DURO-TUSS Expectorant		✓		✓		200 11.62 2.61
DURO-TUSS Regular		✓				100 6.12 2.75
EUKY BEAR Cough Syrup		✓			✓	100 8.45 3.38
GILSEAL HOMECARE Cough Expectorant / Decongestant				✓		200 7.55 4.53
LINCTUS Tussinol		✓				100 7.17 2.15
LOGICIN For Congested Chesty Coughs			✓	✓		200 12.77 2.55
LOGICIN For Dry Coughs		✓	✓			200 11.77 2.35
LOGICIN Junior Children's Cough Mixture		✓	✓			100 7.65 3.06
MCGLON'S Senega and Ammonia				✓		200 2.95 1.77
NUCOSEF	✓	✓	✓			200 12.65 2.53
NYAL Bronchitis Mixture				✓		100 3.95 2.37
NYAL Decongestant Elixir			✓			100 4.55 2.73
ORTHOXICOL Congested Cough			✓	✓		100 9.13 3.65
ORTHOXICOL Dry Cough Mixture	✓	✓				100 8.88 4.44
ORTHOXICOL For Children Congested Cough			✓	✓		100 8.80 1.76
ORTHOXICOL For Infants — Runny Nose Syrup			✓			15 8.83 2.83
PANADOL Children's Cold Elixir	✓		✓		✓	100 8.33 5.00
ROBITUSSIN DM-P		✓	✓			100 9.57 7.66
ROBITUSSIN EX				✓		100 8.62 10.34
ROBITUSSIN PS			✓	✓		100 9.13 5.48
ROSKEN Pharma-col Junior	✓	✓	✓			100 7.20 0.72
SCOTT'S Compound		✓				500 8.42 0.76
SIGMA RELIEF Sugar free		✓	✓	✓		200 10.27 2.05
SIGMA Senagar				✓		200 3.62 2.17
SOUL PATTINSON Bronkese		✓		✓	✓	200 9.95 5.97
SOUL PATTINSON Colden				✓		100 8.38 6.70
SOUL PATTINSON Coughese For Children		✓	✓			100 6.83 5.46
SOUL PATTINSON Senega and Ammonia				✓		200 3.50 2.10
SUDAFED Elixir			✓			100 7.88 1.58
TIXYLIX Children's Cough Linctus		✓			✓	100 8.83 2.65
TUSSINOL Sugar Free		✓				100 7.17 2.15

(A) These products have 'infants' in their name, but they shouldn't be given to infants under two years of age without medical advice because they contain antihistamines.

Jabbing at the flu

Flu vaccinations don't make you 'flu proof' — they only help you if the strains of flu going round that winter are those you were vaccinated against.

Researchers change the flu vaccine each year according to what they predict will be the most potent and common strains of flu that season. Usually they're correct, but there is still a small chance you could pick up some other strain of flu. However, some people are definitely better off having the flu jab than going without.

WHO NEEDS THE JAB?

Because the vaccines are changed annually, you need to be injected every year. If you don't want to do this it's your choice simply to run the risk of getting flu, but those who *should* have a jab include:

- People over 65 years old.
- Aboriginal and Torres Strait Islander people over 50 years old.

Those who should seriously consider having a jab include:

- Adults with chronic illnesses (heart, kidney or lung disease, diabetes, asthma, bronchitis).
- People receiving major treatments, such as chemotherapy or steroids, which reduce your immune response.
- People who are HIV positive.
- Residents and workers in nursing homes and other chronic-care facilities.

WHO SHOULD AVOID IT?

- People who are allergic to eggs, because the vaccine is prepared using them.
- Pregnant women — unless you're in one of the risk groups mentioned above. This is just a general precaution against taking



It's wise for older people to have a flu vaccination each year.

medications during pregnancy — there's no evidence the vaccine is dangerous to your baby, so if you have an injection and then find out you're pregnant, don't worry.

CAN A JAB GIVE YOU FLU?

No. It's impossible to get the flu from a flu vaccination because the virus injected into you is dead, and only stimulates your immune system to produce antibodies.

The only likely reaction you may get is some discomfort or redness near the injection site. Occasionally you might get a mild fever too. In most cases, if you get sick a week or two after the jab, this is likely to be a cold misinterpreted as the flu, or perhaps you've been unlucky and caught a different strain of flu.



It's well documented that giving antihistamines to children younger than two is potentially dangerous, yet these two products, marketed for infants, both contain antihistamines. While they meet the Therapeutic Goods Administration's requirements and have warning labels, confusingly they still recommend doses for infants under two.

One warns against giving its product to babies under six months without medical advice, yet still suggests a dose for three to six-month-olds. The other says it's "been developed for infants under two years of age", but "do not administer to infants under two years of age without the advice of a doctor or pharmacist".

Antihistamine can potentially affect infants' breathing and eating patterns. The safest option is for non-prescription products for infants not to contain antihistamines.

Flu cure imminent?

We've been waiting for it for an eternity: a remedy for the flu, and one just might soon be available.

Australian medical technology group Biota Holdings has been developing a drug to fight the most common strands of influenza — A and B. Currently referred to as GG167, the drug is being tested overseas.

GG167 works by inactivating an enzyme called neuraminidase. Ordinarily, the flu virus would enter a cell in the respiratory tract, infect it, then linger outside the cell until the enzyme cuts it loose, allowing it to move on and infect other cells.

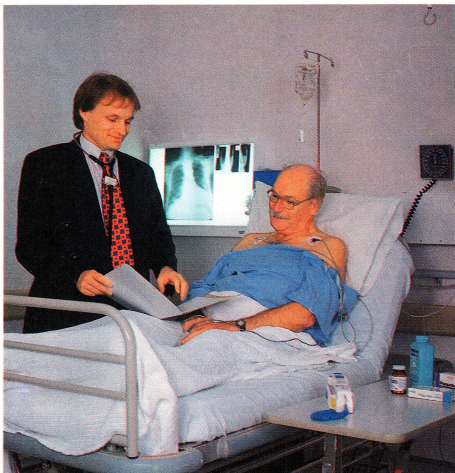
GG167 stops the enzyme from releasing the virus, preventing it from spreading through your system. So while you may get the initial symptoms of influenza, the drug should prevent it becoming full-blown.

A test is being developed to accompany the drug, so doctors who suspect their patient has influenza A or B can diagnose it on the spot before prescribing GG167. This will prevent the drug being given to someone with a common cold, which sometimes has similar symptoms to the flu but is unaffected by GG167.

The drug will come in an inhaler, similar to those used by asthma sufferers, so it can be delivered directly to the lungs.

It is believed that, unlike antibiotics and some other medications, people won't become resistant to the effects of GG167 from overuse, because the drug works on the mechanics of the virus, rather than the virus itself. We'll have to wait and see. The drug (to be marketed by multinational Glaxo Wellcome) may be on sale as early as 1998.

Changes last year mean health insurance can go further toward meeting the full amount of hospital bills, but it's still unlikely to meet all your costs. If you're currently uninsured, or are facing another rise in price, this major report will help you decide whether you need insurance at all, and tell you which fund offers you the best deal.



Do you need health insurance?

PUBLIC OR PRIVATE — YOUR CHOICE

Ron (who featured in our article *Surviving in hospital* — CHOICE, March 1996) and his wife Gwen have been insured for many years. They have the most comprehensive hospital and ancillary cover offered by their health fund. Until last year their claims had been mainly for pharmaceuticals and dental bills.

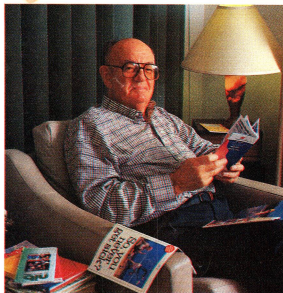
Last year Ron was having trouble with his knee and, on visiting a specialist, was told he would require a complete knee replacement. The specialist explained the options, and the various advantages and disadvantages:

■ **Option 1:** To go to a public hospital as a public patient.

Six weeks' wait, and his specialist couldn't guarantee that he'd be the surgeon operating. However, no out-of-pocket expenses for Ron.

■ **Option 2:** To go to a public hospital as a private patient.

Six weeks to wait too, but Ron could be sure the operation would be done by his specialist. There would be costs involved, and although his health fund would cover a lot of them, Ron would have to pay the amount charged over the Schedule fees by his specialist, the anaesthetist and the pathologist, and pay the PBS charge for drugs. Overall, his specialist estimated this would cost Ron around \$1100 — with a considerably larger bill for Ron's health fund.



What's in this report

health insurance to cover your hospital accommodation costs and medical bills is offered by health funds. **'Top' hospital cover** is what you need if you want insurance for a private hospital — we call it **'private hospital cover'** throughout. **'Basic' cover** from health funds is designed to give you cover as a private patient in a public hospital. We've called this **'public hospital cover'** — the benefit levels are such that you would be likely to have very significant out-of-pocket costs if you used private cover to go to a private hospital. Health funds also offer **ancillary cover**, which will pay for a range of out-of-hospital medical services, including dentistry.

In this article we tell you about:

OUR HEALTH PAYMENT OPTIONS

The cover you get from Medicare (page 5).

What's covered by health insurance and what's not (pages 16 to 17).

The issues to consider when deciding whether you should insure (page 18).

HEALTH INSURANCE ON OFFER

Our state-by-state guide to what's on offer from the larger insurers (starting on page 19).

The CHOICE Buying Guide for each state (page 21).

The health funds which did best in our reader satisfaction survey of over 3000 claims (page 21).

Option 3: To go to a private hospital.

Ron could have gone in the following week. Again there would be out-of-pocket expenses, although because Ron has the top cover, they were unlikely to be much more than if he went to a public hospital as a private patient.

Ron chose to go to a public hospital as a private patient because he wanted to be sure that the specialist he'd visited would perform the surgery. Also, "It was much closer for Gwen to visit than the private hospital, and although I wouldn't have a private room, I like company. The four-bed ward they put me in suited me well." He adds that in fact other public patients in the same ward had the same operation and the same surgeon as he did, but he "wanted to be sure".

Choice Buying Guide

Along with the changes in the laws governing health insurance last year, Carmen Lawrence, then minister for Human Services and Health, promised better information about health funds and their products. Until now there hasn't been as comprehensive an assessment as you'll find on these pages.

For the Buying Guide we have chosen schemes which offer the most comprehensive cover, both for hospital and ancillary services.

The **ancillary cover** Buying Guide is based on price and the overall score in the tables (which start on page 24). However, if you're particularly concerned about orthodontics, for example, you should choose a scheme with a high orthodontics score.

The **hospital cover** Buying Guide is based on cover, price (with lowest

out-of-pocket costs) and the number of hospitals the fund has agreements with. This list doesn't include schemes which exclude, or have reduced cover for, a wide range of treatments. However, if you want to cut your costs, details of such schemes are given in the tables. You could also cut your costs by agreeing to pay the first few hundred dollars of a claim (an excess), or by choosing a scheme under which you pay a daily contribution (a 'co-payment'). Our Buying Guide is based on the lowest excess option offered by a scheme.

In our reader satisfaction survey (see page 21) you'll see that of the funds reported on in this article, **HBA**, **MBF** (WA), **HCF**, **MBF** and **MUTUAL COMMUNITY** all had areas where they performed better than average. **MEDIBANK PRIVATE** had a number of areas where it was judged worse than the average, and **HCF** just one. You might want to take this into account too.

CHOICE BUYING GUIDE (in rank order within states)

Hospital cover	Ancillary cover
NSW/ACT	
MEDIBANK PRIVATE Blue ribbon	MBF Health & well-being 80%
MBF Hospital services 100%	MBF Health & well-being 60%
HCF Top plus	MEDIBANK PRIVATE Super / GRAND UNITED Maxicare
NORTHERN TERRITORY	
MBF Hospital services 100%	MBF Health & well-being 80%
MEDIBANK PRIVATE Blue ribbon	MBF Health & well-being 60%
TERRITORY MUTUAL 100%	MEDIBANK PRIVATE Super
QUEENSLAND	
MEDIBANK PRIVATE Blue ribbon	MBF Health & well-being 80%
MBF Hospital services 100%	MBF Health & well-being 60%
CREDICARE S100	CREDICARE Extras H2
SOUTH AUSTRALIA	
MBF Hospital Services 100%	HEALTH PARTNERS Gold (using Health Partners providers)
HEALTH PARTNERS Gold	MBF Health & well-being 80%
MEDIBANK PRIVATE Blue ribbon	HEALTH PARTNERS Select (using Health Partners providers)
	HEALTH PARTNERS Country Gold
TASMANIA	
MBF Hospital services 100%	MBF Health & well-being 60%
MEDIBANK PRIVATE Blue ribbon	MBF Health & well-being 80%
ST LUKES Top private	MEDIBANK PRIVATE Super
VICTORIA	
MDHF Five star	MBF Health & well-being 80%
MBF Hospital services 100%	MBF Health & well-being 60%
MDHF Private (Mildura private hospital only)	IOOF Table B
MEDIBANK PRIVATE Blue Ribbon	
WESTERN AUSTRALIA	
GOLDFIELDS Gold	GOLDFIELDS Necessities
MEDIBANK PRIVATE Blue ribbon	MEDIBANK PRIVATE Super
HBF Top	HBF Essentials plus

YOU CAN HAVE HEALTH INSURANCE to pay hospital bills, and you can take out 'ancillary' cover for a range of other services including, for example, dental, optical, physiotherapy, acupuncture — even for sports equipment with some policies.

However, it's important to realise that there is currently no insurance which will cover all health care costs.

We have a highly regulated health insurance system. This means there are rules about what can — and can't — be covered, about policy conditions and about insurance premiums (which the companies call 'contributions').

Perhaps the first question you're likely to ask about health insurance is "do I need it?" As with many apparently simple questions, this is not easy to answer. It's likely you already pay the 1.5% Medicare levy, so do you need to pay more?

YOUR HOSPITAL OPTIONS

The public system — fine for many

We have a health system which combines public and private medicine. Some services are paid for from our taxes and Medicare, some we pay for directly, and some of the costs are shared.

Medicare is the cornerstone of the Australian health care system. It was introduced in 1984 and is strongly supported by the Australian community.

In the US, where the health care system is dominated by the private sector, about 5% more is spent on health care than in Australia as a percentage of gross domestic product. If we had the US system here in Australia, it's estimated households would face an increase in yearly costs of perhaps \$3000 to \$4000.

Medicare provides for treatment in a public hospital as a public patient, and some (or all, if 'bulk billed') of the cost of visiting a GP and clinical tests. This national health approach is an essential part of our social system — over half of all hospital admissions are Medicare patients.

However, public resources are stretched, and 1994 surveys found 40% of public patients who should have been admitted for elective treatment within 30 days had waited longer than that, and 9% of patients had been waiting over 12 months.

If you need hospital treatment, the public system will cover all the hospital costs for public patients (other than TV

hire and so on), both as an in-patient and an out-patient. Even if you have insurance, you're still entitled to free treatment as a public patient.

Being a private patient — more choice

So why would you choose to be a private patient and pay for your hospital care?

Even in a public hospital you can be a 'private' patient. The advantage of this is that you can choose your doctor; the disadvantage is you have to pay.

In a public hospital you could expect to pay from around \$200 a day in a shared ward. Hospital accommodation (which includes nursing) at a large private hospital might cost from \$350 to \$550 per day in a single room, depending on the type of care you need (intensive-care costs are much higher). See *Do I need to go private?* on page 18 for more about the differences between public and private care.

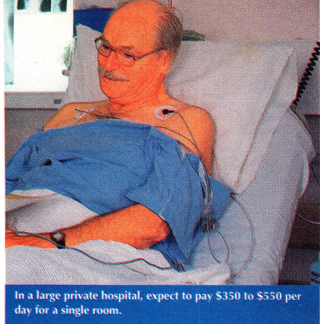
If you're a private patient, Medicare will still contribute to the cost of some medical services. There's a 'Schedule' which defines fees for particular procedures, including pathology tests, x-rays, anaesthetists' and, most importantly, surgeons' fees.

Medicare will pay 75% of the Schedule fee for these services (whether you're in a public or a private hospital). In theory this leaves you with 25% to find, which will be paid by your health fund if you're insured. However, the reality is that often the specialist or other provider will charge more than the Schedule fee.

For example, while the Schedule surgeon's fee for replacement of a knee joint is \$968, the Australian Medical Association (AMA) recommended fee is nearly double that at \$1860. And until recently a health fund was not allowed to pay anything more than the 25% — see *Hospital insurance — new rules* (right) for details of the changes under way.

If you're a private patient, you'll also have to make the Pharmaceutical Benefits Scheme (PBS) co-payments for drugs covered by the scheme (generally \$16.80 for each prescription, or \$2.70 if you're a pensioner).

Even if you've got insurance, you're



In a large private hospital, expect to pay \$350 to \$550 per day for a single room.

likely to have out-of-pocket expenses. You may, for example, have agreed to an excess (where you pay the first part of a claim) or a co-payment (where you agree to pay a certain amount per day in hospital), or your cover may simply not be enough, in which case you'll have to make up the extra. There are also some things health funds aren't allowed to pay for. Table 1, above right, tells you what's covered by the public system, what can be covered by insurance, and what you'll have to pay for (because insurance won't pay).

In our reader survey (see page 21) a small percentage of people had paid for all their most recent hospital treatment themselves. You too may find you'd be better off 'self-insuring' in this way — saving the money you would have spent on insurance and paying for treatment yourself when you need it; you may even qualify for a 20% tax deduction. The danger of paying your own way is, if things go wrong, you could have to pay much more than you expected.

Hospital insurance — new rules

One of the main problems with health insurance in most states has always been that, even if you had the most comprehensive private hospital cover ('top' cover), there could still be big bills after a stay in hospital as a private patient.

To address this gap, last year changes were made to the system of health insurance. The main outcome has been to encourage funds and hospitals to come to agreements about the cost of hospital care, along the lines of the system already widely in use in Victoria and South Australia.

Previously, health funds in other states have usually limited benefits for

Table 1: Who pays in hospital

Type of patient	Covered by the public system	Insurance can pay for	You pay for
Public patient in a public hospital	All hospital costs, including doctors' fees	—	—
Private patient in a public hospital	75% of doctors' Schedule fees, theatre fees, medically required ancillary hospital costs — eg physiotherapy	Accommodation charges and other charges passed on by the hospital, 25% of doctors' Schedule fees	Anything the doctor charges above the Schedule fee (A). Anything not covered by insurance (B).
Private patient in a private hospital	75% of doctors' Schedule fees	Accommodation charges, 25% of doctors' Schedule fees, theatre fees, medically required ancillary hospital costs — eg physiotherapy	Anything the doctor charges above the Schedule fee (A). Anything not covered by insurance (B).

(A) Health funds can now have agreements with doctors which would mean the fund could pay the whole bill, but currently there are very few agreements in place.

(B) This will include the insurance scheme excess, co-payment or top-up (if you opted for

one — see *Hospital benefits: what's covered* on page 19 for an explanation of these terms), any PBS prescription co-payment, and over-Schedule costs for radiology and pathology.

accommodation and other hospital expenses (a fund would have had a maximum accommodation benefit — \$485 per day for a surgical patient, say — and maximum theatre fees, depending on the operation). If the hospital charged more, you'd be out-of-pocket.

Under the new arrangements funds agree costs with the hospitals, which means they can offer members more certainty about out-of-pocket expenses.

The new legislation also allows health funds to negotiate agreements directly with doctors and, with an agreement in place, they would be able to cover the whole fee. As yet, few agreements have been struck between doctors and health funds. The AMA has come out strongly against the system, saying it will take control away from doctors if they're forced to negotiate with large health funds. However, for patients the agreements may result in lower doctors'

fees and reduce out-of-pocket costs. So long as funds don't interfere with clinical decisions, agreements with doctors are a positive step forward.

REBATES FOR HEALTH INSURANCE?

As part of its election promises, by July 1997 the government will introduce a tax rebate or direct payment to set against the costs of health insurance. This offers up to \$125 for a single person with both hospital and ancillary cover (\$450 for a family). However, there will be a means test, with these 'incentives' to take out insurance only available for single people with an income up to \$35,000 (\$70,000 for a family).

In a random telephone survey commissioned by MBF earlier this year, more than half those who used to have health insurance, but no longer did, said they cancelled because it was too expensive.

However, we're concerned rebates will simply subsidise health funds and stop them feeling the need to control rising health costs on behalf of their members.

PAYING ANCILLARY COSTS

Ancillary services are those not provided by doctors — for example dental treatment and physiotherapy. Medicare will pay for an optometrist's eye test, and may meet the cost of some special dental care (for example, in correcting a cleft palate), but it won't pay toward other health care services you may require.

If you anticipate you or your family will need dental services, regular new glasses or contact lenses or other services, you might want to take out insurance to cover the costs — but as with hospital cover, the insurance is unlikely to pay all the bills.

TAKING ANOTHER LOOK

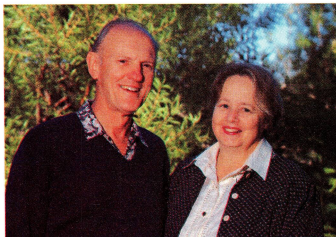
Kate and Barrie (now 62) were rather horrified to find their top hospital and ancillary cover had risen to over \$2000 a year. They had been fund members up to 1978 and had rejoined in 1987 because of their ages and because they wanted cover for their son (then still a student) who was playing football at university.

Their claims have mostly been for dental work, and Kate has had three new crowns. She's careful to spread out this treatment so she claims for just one a year, and doesn't hit claim limits. The crowns have cost around \$700 each, of which she paid about half, with the fund paying the rest.

Kate and Barrie are convinced that being insured offers them peace of mind. They have a friend who, because he wasn't insured, had to wait for a place in a public hospital for a relatively minor operation to deal with increasingly painful kidney stones. He could have been dealt with very quickly if he'd been able to afford private treatment, but unfortunately while waiting he had a heart attack, and so couldn't have the operation for a further painful 12 months.

Kate and Barrie have a good idea of which hospitals they'd be likely to use, and so should ask these hospitals which funds

they deal with and then shop around for the best deal from the funds. To cut costs they could also consider cutting out the ancillary cover. As Kate says, "We're only using the dental part, and it's now costing more than we're likely to claim."



DO I NEED TO GO PRIVATE?

Here we take you through the arguments for going to a private hospital, and answer the questions about whether you need to or not.

For accidents and emergencies? No

Although a growing number of private hospitals do have accident and emergency departments, for serious accident and life-threatening conditions (such as a heart attack) you will usually be taken directly to a public hospital — because that's where most emergency departments are, and because that's where they're most likely to have the facilities you may need.

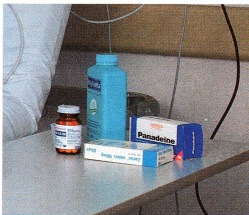
Health insurance won't pay for treatment in a private hospital casualty department unless you're admitted to the hospital.

For more choice? Yes

If you want to choose a particular specialist you'll need to be a private patient in either a public or private hospital — this is the only way you can guarantee a particular doctor will perform the operation and be in charge of your care. If you're a private patient, you have a contract with the doctor.

You'll have to choose a hospital where your preferred doctor has so-called 'visiting rights' and can perform the operation. Ask for a list — some may be more convenient than others for you. Even if you're not privately insured, finding out about visiting rights can sometimes help you get your choice of doctor.

Choosing a private hospital is also likely to give you more choice about when you actually go in.



Even if you're insured you'll still have to pay the PBS co-payment for prescribed drugs.

For better treatment? No evidence

There's no evidence that you'll get better treatment in a private hospital. However, you might feel more secure knowing you have the specialist of your choice, even though the public hospital's duty surgeon's skills should be adequate.

For more comfort? Probably

You're likely to be more comfortable in a private hospital — they tend to provide more of the things we might call luxuries, such as single rooms, TVs, telephones and possibly better food. There may also be more flexibility for visitors.

For faster treatment? Depends

Whether you'll get faster treatment depends on what's wrong with you. For accidents and emergencies there is little real difference — though there may be shorter queues in a private casualty department. However, for life-threatening

conditions you should find yourself at the front of the queue in any hospital.

For non-urgent (called 'elective') hospital treatment there are likely to be longer waiting lists at public hospitals than at private ones. Elective treatment can be to overcome very painful and debilitating conditions, but which aren't life-threatening (kidney stones or joint replacement, for example), so an extended wait could be more than just inconvenient.

However, the difference in waiting times may not be as dramatic as the advertising would have you expect. In our survey of the most recent health insurance claim of CHOICE readers in the last three years, only 18% of public patients had had to wait over a month. And though the average wait for private patients was shorter, 6% had waited over a month — even for private hospital treatment.

► CHOICE SAYS

Health insurance isn't essential, though it allows you to choose your specialist and perhaps shorten waiting times. In fact experts disagree whether more people in private health insurance would reduce waiting lists overall — and a more effective way to do it would be to directly increase funds to public hospitals. For the young and healthy, insurance looks like expensive peace of mind. For those likely to make use of it (people who are older or sick, or those thinking of starting a family), it has an increasing amount to offer, particularly if insurance schemes get closer to paying for all costs.

COST-EFFECTIVE ANCILLARY COVER



While people often buy hospital cover 'just in case', your requirement for ancillary services is likely to be easier to assess. Work out what services you're likely to use and compare their cost with the price of insurance — but bear in mind it's unlikely the whole bill for each visit or service will be met.

Pam keeps detailed records of her family's health care bills. In the last year they spent \$431 on prescriptions, \$96 with an orthoptics specialist, \$1014 with a herbalist, \$1327 with the dentist and over \$1500 on doctors' bills (of which around half was refunded by Medicare).

Of the above, \$868 of the dentist and orthoptics specialists' bills have been repaid by their family ancillary cover. The insurance didn't cover the herbalist's fees, or the cost of prescriptions. However, Pam's ancillary cover cost \$702 for the year, so she views this as good value — covering more than its cost, and providing peace of mind if they'd needed other treatment, too. As Pam says, "It was much better value than the \$1000 spent on hospital cover, which we didn't use at all!"

Choosing a health fund

If you've read the previous article and decided you want health insurance, or you're facing another rise in price, this article tells you which health funds offer the best deal.

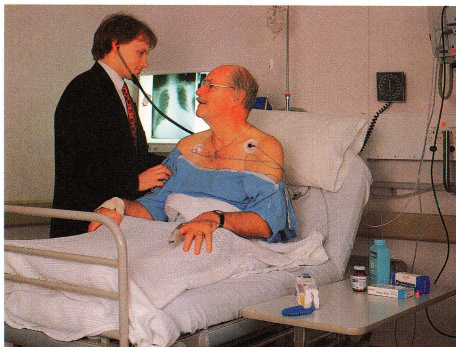
ONLY ORGANISATIONS authorised under the National Health Act 1953 are allowed to offer insurance to cover medical expenses. Some employers had their own unregistered schemes, but these have now been phased out and new arrangements with authorised funds should have been made.

HOSPITAL BENEFITS: WHAT'S COVERED?

Hospital insurance will pay hospital bills in private hospitals or if you are a private patient in a public hospital. Since the introduction of the new legislation (see page 16) the policies fall into the following categories:

■ **100% accommodation cover:** This gives full cover at hospitals with which the fund has agreements regarding the cost of services (though a few schemes offer 100% cover even where there are no agreements). However, because agreements aren't widely in place with doctors, pathologists and so on, you'll have to pay for their charges above the Schedule fees as well as for medicines on the Pharmaceutical Benefits Scheme (PBS) list. With AMA opposition to doctor agreements, full 100% cover seems unlikely in the short term.

At non-agreement hospitals the schemes will contribute up to certain limits (as with defined-benefit cover, right), and you may find there are high out-of-pocket costs involved if you choose to go to a private hospital which doesn't have an agreement with your fund.



Unless doctors make agreements with funds, even if you have 100% cover you're still likely to have to make significant payments to the surgeon.

■ **Specified co-payment cover:** You agree to contribute to your hospital costs — you may agree to pay \$50 per day or a percentage of the cost. For your peace of mind, check there is a maximum amount which limits what you have to pay.

■ **Defined-benefit cover:** Under these schemes the funds generally set limits for the cover — for example, up to a certain amount per day for a hospital room. At the lowest end, 'basic' cover has limits equal to the cost for private patients in shared wards in public hospitals.

ANCILLARY BENEFITS

Ancillary cover can pay for out-of-hospital medical services not provided by doctors. The benefits offered generally work by allotting fixed benefits to particular procedures or treatments, as well as total limits. So, for example, a scheme might offer to pay \$28 toward your first physiotherapy appointment and \$23 for subsequent ones, up to a total payment of \$250 per year per person.

Schemes vary considerably, both in what's covered and the amount paid. The simplest might do little more than contribute to the cost of dental treatment, while others will deal with a wide range of mainstream and alternative

therapies. Unfortunately, the benefit levels set are unlikely to cover the full cost of treatment.

POLICY CONSIDERATIONS

When you're choosing health insurance there are some particular items you should look out for:

■ **How long you have to wait for cover.** You'll get immediate cover for accidents that happen after you join, and after two months you'll qualify for most other treatment.

Treatment for a pre-existing condition or illness won't be covered for 12 months after joining. Until last year the definition of a pre-existing condition or ailment was that signs or symptoms were evident when you joined. The rules have now changed and include signs or symptoms which were in existence at any time in the six months before signing up.

The other main exceptions to the two-month waiting period are pregnancy and pregnancy-related conditions, which will only be covered if the birth is due more than nine months after joining (longer for some funds) — so you couldn't join after discovering you're pregnant and then claim obstetric benefits. Even so, you might still want to join

after conception, because if you have family membership two months before the birth (longer with some funds), your child will be covered for hospital treatment in their own right.

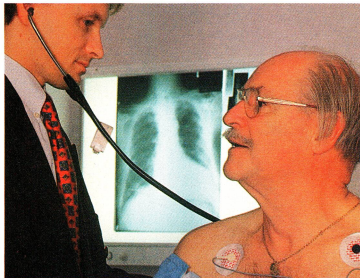
Some funds have other long waiting periods before you can claim for private hospital cover. (You'll usually get public hospital cover after normal waiting times.) For example, 12 months for cosmetic surgery or IVF. More seriously, some require you to wait 12 months or more for cardiac surgery or joint replacement. In the tables (from page 24) we note when a fund has waiting periods in excess of 12 months for certain procedures.

■ No year-round cover.

Some hospital schemes limit the number of days of cover you can claim in a year. For example, they may allow you 70 days of private hospital cover (per person), after which the benefits are limited to those only sufficient for treatment as a private patient in a public hospital shared ward. In the tables we tell you which schemes limit cover this way.

■ Who's a member?

Generally a family is counted as husband and wife (or a couple in a de facto relationship) and children under 16, but unmarried dependants who are under 25 and full-time students will also be covered. Rules vary — for example, some funds may cover children up to 17



If you're charged over the Schedule fee for a range of services — such as x-rays — in hospital, you'll have to pay the extra yourself.

rather than 16, or you may be able to cover older children for a small extra payment. Single membership covers only one person, and wouldn't cover a single-parent family.

TIP: Families of just two adults who want to pay less for their insurance by opting to pay an excess for the first few hundred dollars' worth of treatment should look at how the excess will be applied. It may be worth taking out two single-person schemes — so if only one person goes into hospital in a year, there's only the single person's excess to pay.

TRANSFERRING TO ANOTHER FUND

If you want to transfer to another fund or to a new level of cover, you will get immediate benefits (without serving a

new waiting period), provided you've met the waiting periods with the previous fund. Transferring to more comprehensive cover means you'll only have waiting periods for the additional benefits. And for ancillary cover, which often gives higher orthodontic cover for longstanding members, you'll have to build up benefits again.

COMMUNITY RATING AND EXCLUSORY POLICIES

Health insurance is operated under a system of 'community rating', where each adult fund member (for family or single membership) pays the same premium despite age or past medical history. A

family membership costs twice the single rate.

➤ CHOICE SAYS

Community rating has been the subject of much debate. On the one hand it means private health insurance is available to those such as the elderly and the sick at an affordable price, while on the other it means those who don't use health services so much may pay more than they need to cover their own costs.

Some funds offer schemes excluding certain costly procedures such as hip replacements and heart surgery. Schemes which exclude certain procedures are, in effect, side-stepping community rating. There's also talk of removing the requirement that hospital schemes include at least public hospital cover for psychiatric treatment, which would further erode the community rating principle.

The upshot of this is that the costs of more expensive 'excluded' procedures will be shared by fewer members, and premiums for more comprehensive cover will have to rise.

Schemes with an excess, where the patient pays the first \$500, for example, of their medical bills offer a more equitable option for funds wanting to offer lower-priced cover.

WARNING: Watch out for schemes which exclude cover for some procedures altogether. With most the exclusion is for private hospital cover only, and the scheme would still pay for treatment as a private patient in a public hospital — but check the small print.

Keeping your costs down

The costs of health and medical services have increased at a significantly higher rate than the Consumer Price Index (CPI), and so the premiums for private health insurance have risen markedly over the last few years. Similar schemes to the ones we looked at four years ago are often between 10% and 40% more expensive (the CPI increase over the same period is around 11%).

You can cut your costs by agreeing to an excess (also called a front-end deductible), or by choosing a scheme with a co-payment. Check how the excess will be applied — commonly per visit or per year. Some hospital cover doesn't apply an excess if you're being treated as a private patient in a public hospital — see the tables (from page 24) for details.

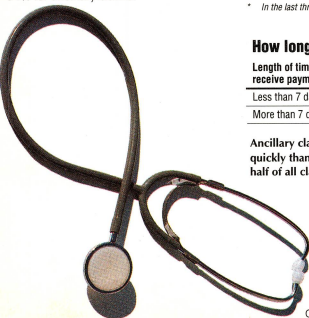
Often there are discounts for payments made automatically (direct from your bank account or from your employer). The contribution rates given in the tables are for monthly payment by direct debit — **MEDIBANK PRIVATE**, for example, will charge an extra 4% if you choose to pay monthly by cheque or cash, and you would qualify for an extra discount if you paid six-monthly or annually (and the cost of your cover is fixed for the period, too).

Readers' ratings

The number of people insured has generally been falling since 1984, when Medicare was introduced — from 50% of people covered in 1984 to 33.9% as we went to press. CHOICE readers appear to be different: over 3300 of the 4600 respondents to our postal survey of readers in August last year had private health insurance.

For this survey we asked a number of questions about satisfaction with claim handling, the helpfulness of staff, the time taken to be served and the amount of the payment. It should be noted that only 6% of respondents had a problem with their claims and, for example, even though respondents found HCF staff less helpful than average compared with other funds, over nine out of 10 people were still either very or fairly satisfied. See *Funds significantly better or worse than average for satisfaction* (above) for the various results which were significantly different from the average response. Overall, more than nine out of 10 people were very or fairly satisfied with claim handling.

The most common problems experienced overall were with the size of the rebate. While satisfaction levels with other aspects were usually in the 90s (more than nine out of 10 people either very satisfied or fairly satisfied), results for satisfaction with the rebates received were lower — 26% were somewhat or very dissatisfied for hospital claims, and 34% for ancillary claims.



Funds significantly better or worse than average for satisfaction *

Fund	Payment in less than 7 days	Helpfulness of staff	Amount of payment	Rebate for dental expenses	Rebate for optical expenses
AVERAGE OVER ALL THE FUNDS	68%	96%	69%	58%	71%
ARMY HEALTH	✗ (36%) (A)				
GOVERNMENT EMPLOYEES				✓ (76%)	✓ (87%)
HBA (Vic)	✓ (92%)				
HBF (WA)			✓ (77%)	✓ (65%)	✓ (77%)
HCF	✓ (81%)	✗ (91%)			
MBF	✓ (84%)				
MEDIBANK PRIVATE	✗ (62%)		✗ (58%)	✗ (41%)	✗ (60%)
MUTUAL COMMUNITY	✓ (83%)				
NSW TEACHERS	✗ (22%) (A)		✓ (67%)	✓ (84%)	✓ (82%)

* Percentages indicate those very or fairly satisfied.

(A) This finding may be because these funds have a single branch office, so most claims are processed by mail.

✓ = Better than average for satisfaction. ✗ = Worse than average for satisfaction.

Waiting time

Waiting time for admission	Private patient / private hospital (% that waited this long)	Private patient / public hospital (% that waited this long)	Public patient / public hospital (% that waited this long)
Emergency / no wait	36	63	58
Up to one week	36	13	10
One week to one month	23	16	14
One to three months	5	7	10
Over three months	1	2	8

In our survey, 50% of people had been hospitalised in the last three years. The waiting times to get into hospital will clearly depend on the procedure involved, but as you can see, they were generally shorter at private hospitals.

Types of claim

Where hospitalised *

Where hospitalised	Percentage
Private patient in private hospital	57%
Private patient in public hospital	15%
Public patient in public hospital	25%

* In the last three years

How long to receive payment?

Length of time to receive payment	Hospital claim (%)	Ancillary claim (%)
Less than 7 days	58	73
More than 7 days	42	27

Ancillary claims were settled more quickly than hospital claims, and nearly half of all claims were paid immediately.

Which health funds?

Fund	Number of responses
MEDIBANK PRIVATE	871
MBF	543
HBF (WA)	315
HCF	191
NIB	188
HBA (Vic)	147
GOVERNMENT EMPLOYEES (A)	129
MUTUAL COMMUNITY	128
NSW TEACHERS (A)	108
AUSTRALIAN UNITY	79
ARMY HEALTH (A)	72
MANCHESTER UNITY	54
SGIC	51
Other funds with less than 50 respondents	493

(A) Restricted-membership organisation — only for qualifying members.

These are the funds subscribers answered questions about. Funds with fewer than 50 respondents were not rated.

If you have a problem

If you have a problem with your health insurance the first step is to discuss it with the fund. If you can't reach a satisfactory agreement, you can then turn to the Private Health Insurance Complaints Commissioner.

This new independent scheme is funded by a levy paid by the health funds based on their membership numbers. It can be used by fund members, hospitals, doctors, dentists and the funds themselves, and aims to help resolve problems and to answer queries.

Mary Perrett, the Commissioner, says that in the first months of operation (the scheme started earlier this year) the complaints have covered a range of problems, including:

- What counts as a pre-existing condition (see page 19).
- General confusion about the level of cover and the way that funds do (or don't) notify these changes to members — in one instance a fund just advertised the change in newspapers.
- Problems for people who move state and find the benefits from their policies (maintained with the state they used to reside in) failing to cover the bills.

The Commissioner is based in Sydney, though complaints will mostly be dealt with by fax or phone. Contact 1800 640 695 for more information.

Guide to the tables overleaf

There are 49 health funds operating in Australia, of which 31 offer open membership and 18 are registered restricted-membership funds for particular groups of employees, union or professional association members — Queensland teachers or Commonwealth Bank employees, for example. Some funds operate in just one state, others in more.

Until October 1995 the 'open' health funds were required to operate their finances independently in each state (and in the NT, though the ACT is covered by NSW schemes). The funds charged different rates and offered different cover around the country.

Although there is no longer a requirement to do this, there remains a legacy of different premiums and cover around the country — though MBF (the second-largest fund) now has uniform benefits (but not premiums).

Because funds have different premiums and levels of cover around the country, our tables give information on a state-by-state basis. You only need to look at the hospital and ancillary cover tables for your own state — see page 24 for where to find them.

We've looked at cover from the larger open-membership organisations, which include around 95% of the total membership of open funds. We based our assessment of which funds are the larger ones in each state on figures from the Private Health Insurance Administration Council 1994-95 annual report, which details the membership in each state.

Just one of the larger funds refused to take part in this survey, HIF in Western Australia.

If you're eligible for membership of a restricted fund, check what's on offer and compare it with what you can get from an open fund. We haven't included these restricted schemes in this article except in the reader survey.

HOSPITAL COVER

In the tables we've looked at private hospital cover for families with 100% accommodation cover or with a specified co-payment (in agreement hospitals). We have not included defined-benefit schemes (see page 19). A single person will pay half the premium

shown, and be subject to an excess of half the amount shown. This is the insurance you'd need if you want cover in private hospitals.

For most people the changes last year (see *Hospital insurance — new rules* on page 16) mean that a key factor now in choosing a fund will be to look carefully at the hospitals you're likely to use, and find out which health funds they have agreements with. Contracts with doctors, while part of the proposed changes, aren't likely in the short term. As a guide, in the tables we tell you how many hospitals each fund has agreements with in each state, and give details of the cover in agreement hospitals.

HOSPITAL COVER TABLE GUIDE

The ranking of schemes is based on the number of agreement hospitals, any exclusions and likely out-of-pocket expenses at the lowest excess level, and their premium cost.

1 Cover in agreement private hospitals

This details the cover in private hospitals with which the fund has an agreement. Where cover is less than 100% we give details of any maximum you would have to pay. Even where the cover is 100% there are still likely to be out-of-pocket expenses (telephone calls, etc) and also doctors' and anaesthetists' fees above the Schedule fee.

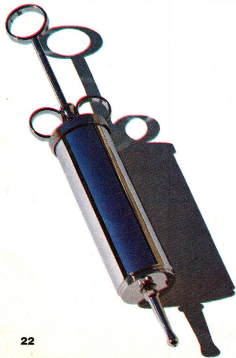
2 Number of agreement hospitals

This is the number of hospitals this fund has an agreement with in this state or territory.

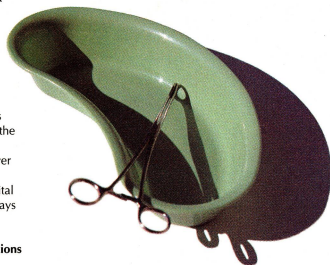
3 Annual family cost (with any excess)

This is the annual cost for a family paying by monthly direct debit (correct as we went to press at the end of May 1996). Funds offer different ways of paying premiums, and may give a further discount for paying annually, for example. It may cost you more if you pay monthly with a cheque or cash.

Funds commonly offer discounts if you agree to pay an excess (you pay the first part of a claim). The tables show the range of contribution rates and excesses



(with the excess in brackets). The contribution rate for a single person is half the family rate (and excesses applied are usually half those shown).



4 Year-round private hospital cover

A ✓ means the fund offers private hospital cover for the full year. A ✗ means the scheme has year-long cover sufficient for a public hospital, but private hospital cover is limited (say, 70 days per year per person).

5 Cover for all conditions

There's a ✗ here if certain conditions are excluded or have limits — the relevant footnote gives details.

6 No waiting periods over 12 months

We looked at the common waiting periods. A ✗ means there are some waiting periods over 12 months — the relevant footnote gives details.

7 No excess paid for same-day or public hospital treatment

In some cases you don't have to pay an excess or co-payment for same-day treatment or treatment at public hospitals. A ✓ means you don't pay the excess or co-payment. This may apply to agreement private hospitals only. ('Not applicable' means the scheme offers no excess or co-payment.)

ANCILLARY COVER

These schemes pay for a range of other health care. The main areas covered are dental treatment, optical (glasses or contact lenses), physiotherapy, chiropractic and pharmacy benefits.

However, it's unlikely a scheme will cover all the costs of treatment because limits are applied. For example, you may be limited to claiming \$28 for a physiotherapy appointment or \$120 for a pair of glasses. While it may be possible to find a physiotherapist charging \$28 or an optometrist who will supply glasses for \$120, you may have to make significant compromises — in terms of convenience or style, for example.

The schemes generally also have overall limits to the amount you can claim for each type of service — \$350 per person for acupuncture and naturopathy combined, for example.

We've looked at schemes suitable for families. To assess the schemes on offer, we devised a scenario for the use of ancillary services. This scenario provides for much higher use of ancillary services than we'd expect a normal family to need in a year, and the prices quoted aren't what we think should be charged — though they are within the range of prices we were quoted around the country. We've used the figures as a basis for comparison, not as an absolute measure. The scenario (detailed below) was designed to help us assess the schemes on offer, and to compare their cover.

Some funds are particular about the practitioners you use, and may require particular qualifications or registration. Higher benefit levels than we show in the tables may apply if you are prepared to use approved practitioners — approved dentists or fund health centres, say.

ANCILLARY COVER TABLE GUIDE

The percentage ratings for ancillary cover in the tables relate to the scenarios outlined here. The percentages shown are the percentage of the amount spent that the family could reclaim. Schemes are shown in rank order.

8 Annual family cost

See *Hospital cover table guide*, Note 3 left.

9 Dental scenario

■ Four initial examinations: \$30 each.

■ Two amalgam fillings (one-surface): \$50 each.

■ One crown (gold/porcelain): \$725.

10 Orthodontics scenario

Many of the schemes cover orthodontics, and have an increasing amount of cover as the period of membership increases. The benefits may be subject to an overall 'lifetime' limit. We've looked at what proportion of \$3000 worth of orthodontic bills would be met (incurred in your third and fourth years of membership), and again after 10 years' membership.

11 Optical scenario

■ \$300 spent on soft toric contact lenses.

■ \$250 spent on single-vision spectacles (for a different member of the family).

12 Physiotherapy and chiropractic scenario

■ Physiotherapy: Initial visit (\$45), five subsequent visits (\$35 each).

■ Chiropractic: Initial visit (\$45), five subsequent visits (\$35 each).

13 Other services scenario

■ Acupuncture: Initial visit (\$45), five subsequent visits (\$35 each).

■ Aerobics/fitness: 10 sessions (\$15 each), or gym membership (if there is a free choice of gym).

■ Aromatherapy: Initial visit (\$45), two subsequent visits (\$35 each).

■ Dietetics: Initial visit (\$45), five subsequent visits (\$35 each).

■ Homoeopathy: Initial visit (\$45), five subsequent visits (\$35 each).

■ Iridology: Initial visit (\$45), two subsequent visits (\$35 each).

■ Naturopathy: Initial visit (\$45), five subsequent visits (\$35 each).

■ Podiatry: Initial visit (\$45), two subsequent visits (\$35 each).

■ Supply of orthopaedic shoes (\$500).

■ Prescriptions: 10 non-PBS prescriptions (\$30 each).

■ Sports equipment: Two pairs of sports shoes (\$150 a pair), and a tennis racquet (\$200).

14 Overall score

Our overall score was based on the following weightings:

■ Dental: 30%

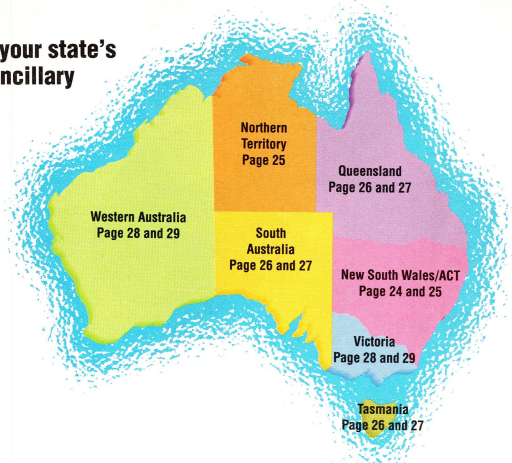
■ Orthodontics: 20%

■ Optical: 15%

■ Physiotherapy and chiropractic: 15%

■ Other services: 20%

Where to find your state's hospital and ancillary cover tables



NSW/ACT: Hospital cover

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Fund / scheme (in rank order)	Cover in agreement private hospitals	Number of agreement hospitals	Annual family cost (excesses in brackets) (\$)	Year-round cover?	Cover for all conditions?	No waiting periods over 12 months?	No excess or co-payment for same-day / public hospital treatment?
HCF Top plus	100% (C)	83	1716; 1310 (500)	✓	✓	✓	✓ / ✗
MEDIBANK PRIVATE Blue ribbon	100%	125	1307; 1072 (300); 960 (500)	✓	✓	✓	✓ / ✗
MANCHESTER UNITY Super	100%	100	1759; 1574 (400)	✓	✓	✓	✓ / ✗
MANCHESTER UNITY Healthmate executive (A)	100%	100	1549 (500) (A)	✓	✓	✓	✓ / ✗
MBF Hospital services 100%	100%	89	1448; range 1368 (200) to 708 (2000)	✓	✓	✓	✓ / ✗
MANCHESTER UNITY Private shared	(D)	100	1574; 1355 (400)	✓	✓	✓	✓ / ✗
HCF Top plus shared	(E)	83	1310	✓	✓	✓	✓ / ✓
HCF Intermediate	(F)	83	1092	✓	✓	✓	✓ / ✓ (U)
NIB Top private	100%	74	1436; range 1229 (400) to 702 (2000)	✓ (J)	✗ (K)	✗ (R)	✓ / ✗
GRAND UNITED Premier	100%	66	1813; 1542 (500)	✓	✗ (K)	✓	✓ / ✗
GRAND UNITED Preferred	90% (G)	66	1392; 1182 (300)	✗	✗ (K)	✓	✓ / ✗
MANCHESTER UNITY Healthmate (A)	(H)	100	1116 (400) (A)	✓	✗ (L)	✓	✓ / ✗
HCF Value	100%	83	1357; 1019 (500); 910 (1000)	✓	✗ (M)	✗ (S)	✓ / ✗
MEDIBANK PRIVATE Blue ribbon saver	100%	125	871 (300); 760 (500)	✓	✗ (N)	✓	✓ / ✗
NIB Safeguard (A)	100%	74	1457 (400) (A)	✓ (J)	✗ (P)	✓	✓ / ✗
HCF Family care (B)	100%	83	1379 (400) (B)	✓	✗ (O)	✗ (T)	✓ / ✗

(A) Includes ancillary cover (see Ancillary cover table).

(B) Includes ancillary cover. Excess falls to \$200 after five years.

(C) For all hospitals.

(D) \$40 daily co-payment for single room.

(E) \$50 daily co-payment for single room (for 10 days).

(F) \$30 to \$80 per day co-payment (for 10 days). \$50 excess for each theatre visit.

(G) No cap to what you would have to pay.

(H) 100% in shared ward. \$50 to \$90 daily co-payment for single room.

(I) In agreement hospitals only.

(K) Limits for psychiatric treatment and rehabilitation.

(L) No private hospital cover for psychiatry or rehabilitation.

(M) No cover for cosmetic surgery or IVF. Limits for psychiatric care and rehabilitation.

(N) Excludes private hospital cover for IVF, pregnancy and birth-related cover, hip and knee joint replacement, psychiatric care, rehabilitation, cardiothoracic, cosmetic and major eye surgery.

(P) Excludes private hospital cover for IVF, major joint replacement, psychiatric care, rehabilitation, cardiothoracic, cosmetic and major eye surgery.

(Q) Limited cover: no cover for hip and knee replacement, cataract surgery, dialysis for chronic renal failure, cosmetic surgery or IVF, for example.

(R) Three-year wait for IVF.

(S) Two-year wait for most private-hospital psychiatric care. Three-year wait for private-hospital hip replacement, renal transplant and dialysis for renal failure.

(T) Two-year wait for most private-hospital psychiatric care.

(U) Theatre co-payment applied to same-day treatment.

See page 22 for a guide to the Hospital cover tables.

Northern Territory: Hospital cover

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Fund / scheme (in rank order)	Cover in agreement private hospitals	Number of agreement hospitals *	Annual family cost (excesses in brackets) (\$)	Year- round cover?	Cover for all conditions?	No waiting periods over 12 months?	No excess or co-payment for same-day / public hospital treatment?
MBF Hospital services 100%	100%	1	934: range 779 (200) to 434 (2000)	✓	✓	✓	X / X
MEDIBANK PRIVATE Blue ribbon	100%	—	1072; 841 (300); 732 (500)	✓	✓	✓	X / X
TERRITORY MUTUAL 100%	100%	1	1021; 772 (600); 709 (900)	✓	X (A)	X (C)	X / X
MEDIBANK PRIVATE Blue ribbon saver	100%	—	812 (300); 703 (500)	✓	X (B)	✓	X / X

* There's only one private hospital in the NT; Medibank Private covers treatment in it 100% without having an agreement.

(A) Restrictions for cosmetic surgery.

(B) Excludes private hospital cover for IVF, pregnancy and birth-related cover, hip and knee

joint replacement, psychiatric care, rehabilitation, cardiothoracic, cosmetic and major eye surgery.

(C) Wait for private-hospital cover: two years for hip replacement and IVF. Economy cover (with \$900 excess) has a two-year wait for maternity and psychiatric treatment.

Northern Territory: Ancillary cover

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Fund / scheme (in rank order)	Annual family cost (\$)	Dental score (%)	Orthodontics score (%)	Optical score (%)	Physio / chiro score (%)	Others score (%)	Overall score (%)
MBF Health & well-being 80%	610	80	67 (C)	80	80	26	66
TERRITORY MUTUAL Premier extras	835	70	48	71	70	39 (D)	59
MBF Health & well-being 60%	479	60	60	60	60	19	52
MEDIBANK PRIVATE Super	467	52	41	49	56	28	45
TERRITORY MUTUAL General extras	568	48	40	58	48	31 (D)	44
TERRITORY MUTUAL Your choice (A)	730	70	0	55	35	0	34
MEDIBANK PRIVATE Special	360	44	20	35	43	14	32
TERRITORY MUTUAL Basic extras	292	11 (B)	0	43	25	7 (D)	15

(A) You select cover from list of options. For this analysis we chose general and major dental, optical and physiotherapy benefits. The combination can be changed each year. Higher limits apply if combined with hospital cover.

(B) Major dental work covered if result of accident after joining.

(C) Higher orthodontic limits if combined with hospital cover.

(D) Pharmacy benefits only paid if included in fund Schedule.

NSW/ACT: Ancillary cover

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Fund / scheme (in rank order)	Annual family cost (\$)	Dental score (%)	Orthodontics score (%)	Optical score (%)	Physio / chiro score (%)	Others score (%)	Overall score (%)
MBF Health & well-being 80%	899	80	67 (B)	80	80	26	66
GRAND UNITED Ultracare	994	62	27	65	73	61	57
MANCHESTER UNITY Healthcover plus	809	62	53	61	56	28 (C)	52
MBF Health & well-being 60%	724	60	60	60	60	19	52
GRAND UNITED Maxicare	723	62	27	57	60	44	50
MANCHESTER UNITY Healthmate executive	With hospital	62	40	51	56	31	49
NIB Quality	806	61	40	53	60	29	49
HCF Multicover	874	58	42	62	57	23	48
MEDIBANK PRIVATE Super	679	57	41	52	60	28	48
HCF Extra benefits	702	58	42	62	57	17	47
GRAND UNITED Goodcare	512	50	20	44	49	0	33
HCF Family care	With hospital	16	42	62	57	5	32
MEDIBANK PRIVATE Special	478	49	23	45	0	5	27
NIB Safeguard	With hospital	17	0	53	60	13	25
MANCHESTER UNITY Healthmate	With hospital	16	0	50	52	21	24
HCF Dental etc. (DOPC) (A)	448	16	0	62	57	0	22

(A) Only available with hospital cover.

(B) Higher orthodontic limits if combined with hospital cover.

(C) Additional 'keep fit' benefit if combined with hospital cover.

The percentage ratings in *Ancillary cover* tables are the percentage of the amount spent by our 'high-use' family that they could reclaim — see page 23 for details. If you want just dental and optical cover, say, just check the appropriate columns for a good score with an acceptable price.

Queensland: Hospital cover

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Fund / scheme (in rank order)	Cover in agreement private hospitals	Number of agreement hospitals	Annual family cost (excesses in brackets) (\$)	Year- round cover?	Cover for all conditions?	No waiting periods over 12 months?	No excess or co-payment for same-day / public hospital treatment?
MEDIBANK PRIVATE Blue ribbon	100%	60	1387; 1192 (300); 1133 (500)	✓	✓	✓	X / X
MBF Hospital services 100%	100%	52	1583; range 1428 (200) to 1084 (2000)	✓	✓	✓	X / X
CREDICARE S100 (A)	100%	42 (E)	1680	✓	X (F)	✓	na
CREDICARE S90 (A)	90% (C)	42 (E)	1416	✓	X (F)	✓	✓ / ✓
CREDICARE S85 (A)	85% (C)	42 (E)	1260	✓	X (F)	✓	✓ / ✓
CREDICARE S75 (A)	75% (C)	42 (E)	1068	✓	X (F)	✓	✓ / ✓
NATIONAL MUTUAL 100%	100% (D)	—	1897; 1172 (600); 1048 (900)	✓	X (G)	X (J)	X / X
NIB Gold 100% (B)	100%	27	2179; 1924 (300); 1768 (500); 1690 (700) (B)	✓	X (F)	✓	X / X
MEDIBANK PRIVATE Blue ribbon saver	100%	60	941 (300); 882 (500)	✓	X (H)	✓	X / X

(A) Available to Credit Union Australia members only, but anyone can join the credit union.

(B) Includes Quality extras ancillary cover. Excess applied to hospital and ancillary claims.

(C) You pay for a maximum of 10 days.

(D) In all hospitals.

(E) 276 nationally.

(F) Limits for psychiatric care and rehabilitation.

(G) Restrictions for cosmetic surgery.

(H) Excludes private hospital cover for IVF, pregnancy and birth-related cover, hip and knee joint replacement, psychiatric care, rehabilitation, cardiothoracic, cosmetic and major eye surgery.

(J) Two-year wait for private hospital cover for hip replacement, three years for IVF. Economy cover (with \$900 excess) also has a two-year wait for maternity and psychiatric treatment.

na Not applicable.

South Australia: Hospital cover

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Fund / scheme (in rank order)	Cover in agreement private hospitals	No. of agreement hospitals	Annual family cost (excesses in brackets) (\$)	Year- round cover?	Cover for all conditions?	No waiting periods over 12 months?	No excess or co-payment for same-day / public hospital treatment?
equal HEALTH PARTNERS Gold	100% (B)	—	1757; 1506 (500; \$25/day); 1349 (1000; \$50/day)	✓	✓	✓	X / X
MBF Hospital services 100%	100% (B)	40 (B)	1716; range 1586 (200) to 1170 (2000)	✓	✓	✓	X / X
MEDIBANK PRIVATE Blue ribbon	100%	44	1799; 1544 (300); 1466 (500)	✓	✓	✓	X / X
IOR Table 4	100%	27	1841	✓	✓	X (H)	na
equal SGIC Private club (A)	100%	26 (D)	2448; 1987 (400); 1823 (700); 1721 (1000) (A)	✓	X (E)	✓	X / X
SGIC Top	100%	26 (D)	1812	✓	X (E)	✓	na
SGIC Hospital saver	(C)	26 (D)	1403	✓	X (E)	✓	✓ / ✓
MUTUAL COMMUNITY 100%	100%	40	1840; 1428 (600); 1079 (900)	✓	X (F)	X (J)	X / X
MEDIBANK PRIVATE Blue ribbon saver	100%	44	1070 (300); 992 (500)	✓	X (G)	✓	X / X

(A) Includes Private club ancillary cover. See *Ancillary cover* table.

(B) In all hospitals; in MBF's case it also has agreements with 40.

(C) \$25 per day co-payment (for 10 days).

(D) 218 nationally.

(E) No private hospital cover for cosmetic surgery or surgery by podiatrist.

(F) Restrictions for cosmetic surgery.

(G) Excludes private hospital cover for IVF, pregnancy and birth-related cover, hip and knee

joint replacement, psychiatric care, rehabilitation, cardiothoracic, cosmetic and major eye surgery.

(H) Three-year wait for private hospital IVF.

(J) Two-year wait for private-hospital cover for hip replacement and IVF. Economy cover (with \$900 excess) has two-year wait for maternity and psychiatric treatment.

na Not applicable.

Tasmania: Hospital cover

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Fund / scheme (in rank order)	Cover in agreement private hospitals	Number of agreement hospitals	Annual family cost (excesses in brackets) (\$)	Year- round cover?	Cover for all conditions?	No waiting periods over 12 months?	No excess or co-payment for same-day / public hospital treatment?
MBF Hospital services 100%	100%	12	1548; range 1498 (200) to 749 (2000)	✓	✓	✓	X / X
MEDIBANK PRIVATE Blue ribbon	100%	11	1553; 1366 (300); 1303 (500)	✓	✓	✓	X / X
ST LUKES Top private	100%	10	1613; 1352 (300)	✓	✓	✓	✓ / ✓
ST LUKES Plan & save (H1 and H2)	100%	10	989 (300); 926 (500)	✓	X (A)	✓	X / X
MEDIBANK PRIVATE Blue ribbon saver	100%	11	787 (300); 725 (500)	✓	X (B)	✓	X / X
ST LUKES Plan & save (H3 and H4)	100%	10	842 (300); 780 (500)	✓	X (C)	✓	X / X

(A) No private hospital cover for joint replacement, cardiac and eye surgery, psychiatric care or rehabilitation.

(B) Excludes private hospital cover for IVF, pregnancy and birth-related cover, hip and knee joint replacement, psychiatric care, rehabilitation, cardiothoracic, cosmetic and major

eye surgery.

(C) No private hospital cover for joint replacement, cardiac, eye, cosmetic and reconstruction surgery, psychiatric care, rehabilitation, obstetrics or IVF.

See page 22 for a guide to the *Hospital cover* tables.

Queensland: Ancillary cover

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Fund / scheme (in rank order)	Annual family cost (\$)	Dental score (%)	Orthodontics score (%)	Optical score (%)	Physio / chiro score (%)	Others score (%)	Overall score (%)
MBF Health & well-being 80%	754	80	67 (C)	80	80	26	66
NATIONAL MUTUAL Premier extras	1090	72	43	73	64	50 (D)	60
MBF Health & well-being 60%	594	60	60	60	60	19	52
NATIONAL MUTUAL General extras	610	48	39	56	59	45 (D)	49
MEDIBANK PRIVATE Super	593	57	41	52	57	30	48
NIB Quality	624	55	43	52	60	29	48
CREDICARE Extras H2	432	42	35	44	45	22	37
NATIONAL MUTUAL Your choice (A)	730	72	0	51	32	0	34
MEDIBANK PRIVATE Special	398	46	20	41	0	5	25
NATIONAL MUTUAL Basic extras	359	11 (B)	0	36	31	0	14

(A) You select cover from list of options. For this analysis we chose general and major dental, optical and physiotherapy benefits. The combination can be changed each year. Higher limits apply if combined with hospital cover.

(B) Major dental work covered if result of accident after joining.

(C) Higher orthodontic limits if combined with hospital cover.

(D) Natural therapies only covered if supplied by a member of an approved association.

South Australia: Ancillary cover

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Fund / scheme (in rank order)	Annual family cost (\$)	Dental score (%)	Orthodontics score (%)	Optical score (%)	Physio / chiro score (%)	Others score (%)	Overall score (%)
MBF Health & well-being 80%	775	80	67 (F)	80	80	26	66
HEALTH PARTNERS Gold extras (A)	708	87	45	70	67	40	64
MUTUAL COMMUNITY Premier extras	1225	77	48	75	68	39	62
HEALTH PARTNERS Country gold	636	60	45	55	60	38	52
MBF Health & well-being 60%	650	60	60	60	60	19	52
IOR Ancillary	607	56	47	55	52	33	49
SGIC Private club	With hospital	52	40	52	48	38	46
MEDIBANK PRIVATE Super	582	55	34	58	46	31	45
SGIC All extras	636	52	37	52	47	35	45
HEALTH PARTNERS Gold extras (B)	708	46	45	55	46	27	43
MUTUAL COMMUNITY General extras	636	50	34	54	46	31	43
HEALTH PARTNERS Select (C)	458	65	0	60	44	13	38
MUTUAL COMMUNITY Your choice (D)	772	59	0	61	35	0	32
MEDIBANK PRIVATE Special	478	42	20	47	38	9	31
SGIC Value extras	413	50	0	45	47	8	30
MUTUAL COMMUNITY Basic extras	354	11 (E)	0	54	23	7	17

(A) Using Health Partners' providers (Adelaide-based) only — see Health Partners Gold extras (B) lower in table for using non-Health Partners' providers.

(B) Higher benefits using Health Partners' providers — see Health Partners Gold extras (A) higher in table.

(C) You must use Health Partners' providers (Adelaide-based).

(D) You select cover from list of options. For this analysis we chose general and major dental, optical and physiotherapy benefits. The combination can be changed each year. Higher limits apply if combined with hospital cover.

(E) Major dental work covered if result of accident after joining.

(F) Higher orthodontic limits if combined with hospital cover.

Tasmania: Ancillary cover

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Fund / scheme (in rank order)	Annual family cost (\$)	Dental score (%)	Orthodontics score (%)	Optical score (%)	Physio / chiro score (%)	Others score (%)	Overall score (%)
MBF Health & well-being 80%	550	80	67 (A)	80	80	26	66
MBF Health & well-being 60%	400	60	60	60	60	19	52
MEDIBANK PRIVATE Super	416	47	45	45	51	28	43
ST LUKES Super	416	38	27	49	46	17	35
MEDIBANK PRIVATE Special	328	42	20	37	0	5	23
ST LUKES Selected	276	13	0	47	25	5	16

(A) Higher orthodontic limits if combined with hospital cover.

The percentage ratings in *Ancillary cover* tables are the percentage of the amount spent by our 'high-use' family that they could reclaim — see page 23 for details. If you want just dental and optical cover, say, just check the appropriate columns for a good score with an acceptable price.

Victoria: Hospital cover

	1	2	3	4	5	6	7
Fund / scheme (in rank order)	Cover in agreement private hospitals	Number of agreement hospitals	Annual family cost (excesses in brackets) (\$)	Year-round cover?	Cover for all conditions?	No waiting periods over 12 months?	No excess or co-payment for same-day / public hospital treatment?
AUSTRALIAN UNITY 100%	100%	96	1927, 1677 (300); 1508 (500)	✓	✓	✓	✓ / ✗
MDHF Five star	100%	76 (K)	1633; 1393 (300); 1331 (500); 1212 (1000)	✓	✓	✓	✗ / ✗
LATROBE Private H3	100%	95	1733; 1513 (300); 1417 (500); 1192 (1000)	✓	✓	✓	✗ / ✗
AUSTRALIAN UNITY Private	(A)	96	1772; 1562 (300); 1423 (500)	✓	✓	✓	✓ / ✗
LATROBE Private H2	(B)	95	1519	✓	✓	✓	✗ / ✓ (V)
LATROBE Private H1	(C)	95	1284	✓	✓	✓	✗ / ✓ (V)
MBF Hospital services 100%	100%	77	1597; range 1458 (200) to 799 (2000)	✓	✓	✓	✗ / ✗
AUSTRALIAN UNITY Intermediate	(D)	96	1547; 1382 (300)	✓	✓	✓	✗ / ✗
GMHBA Top 100%	100%	70	1836; range 1733 (200) to 1238 (1000)	✓	✓	3	✗ / ✗
MEDIBANK PRIVATE Blue ribbon	100%	79	1612; 1392 (300); 1261 (500)	✓	✓	✗ (T)	✓ / ✗
MDHF Private	100%	1 (L)	1477	✓	✓	✓	na
MEDIBANK PRIVATE Intermediate	(E)	79	1351; 1132 (300); 1001 (500);	✓	✗ (M)	✗ (T)	✓ / ✗
IOR H4	100% (F)	68	1889	✓	✗ (N)	✗ (T)	na
IOR H3	100%	68	1734	✓	✗ (P)	✗ (T)	na
HBA 100%	100%	84	1991; 1506 (600); 1099 (900)	✓	✗ (P)	✗ (U)	✗ / ✗
IOOF Gold	100%	61	1922; 1429 (500)	✗	✓	✓	✗ / ✗
IOOF Private	(G)	61	1762; 1351 (400)	✗	✓	✓	✗ / ✗
AUSTRALIAN UNITY Intermediate (no obstetrics)	(D)	96	1448; 1288 (300)	✓	✗ (Q)	✓	✗ / ✗
IOOF Intermediate	(H)	61	1387; 1144 (400)	✗	✓	✓	✗ / ✗
GMHBA Intermediate	(J)	70	1550; 1445 (200); 1394 (300)	✓	✗ (R)	✓	✗ / ✗
MEDIBANK PRIVATE Blue ribbon saver	100%	79	1196 (300); 1066 (500)	✓	✗ (S)	✓	✓ / ✗
MEDIBANK PRIVATE Intermediate saver	(E)	79	886 (300); 755 (500);	✓	✗ (S)	✓	✓ / ✗

(A) \$15 per day co-payment (capped after six days in some hospitals).

(B) \$40 per day co-payment (maximum \$280 per stay).

(C) \$70 per day co-payment (maximum \$490 per stay).

(D) Up to \$55 per day co-payment (no cap).

(E) \$50 or \$80 per day co-payment (maximum \$280 per stay).

(F) All hospitals, nationally.

(G) \$45 per day co-payment (no cap).

(H) \$80 per day co-payment (no cap).

(J) Up to \$110 per day co-payment — capped after three days at private hospitals in Geelong.

(K) 151 nationally.

(L) Mildura private hospital only.

(M) Reduced benefit for cosmetic surgery under some circumstances.

(N) Special conditions for psychiatric, rehabilitation and cosmetic surgery.

(P) Restrictions for cosmetic surgery.

(Q) No cover for obstetric or pregnancy-related treatment.

(R) Conditions apply for cosmetic surgery. Limits for psychiatric care and rehabilitation.

(S) Excludes private hospital cover for IVF, pregnancy and birth-related cover, hip and knee joint replacement, psychiatric care, rehabilitation, cardiothoracic, cosmetic and major eye surgery.

(T) Three-year wait for IVF.

(U) Two-year wait for hip replacement and IVF private hospital cover. Economy cover (with \$900 excess) has two-year wait for maternity, psychiatric cover and rehabilitation.

(V) \$30 co-payment for same-day treatment.

na Not applicable.

Western Australia: Hospital cover

Western Australia: Hospital cover		2	3	4	5	6	7
Fund / scheme (in rank order)	Cover in agreement private hospitals	Number of agreement hospitals	Annual family cost (excesses in brackets) (\$)	Year- round cover?	Cover for all conditions?	No waiting periods over 12 months?	No excess or co-payment for same-day / public hospital treatment?
MEDIBANK PRIVATE Blue ribbon	100% (B)	1217; 973 (300); 905 (500)	✓	✓	✗ (F)	✓ / ✗	
GOLDFIELDS Gold	99% (C)	1061	✓	✓	✗ (G)	✓ / ✓	
GOLDFIELDS Silver	90% (C)	983	✓	✓	✗ (G)	✓ / ✓	
HBF Top	(A) (B)	1214; 1074 (200)	✓	✗ (D)	✗ (F)	✗ / ✓ (H)	
MEDIBANK PRIVATE Blue ribbon saver	100% (B)	614 (300); 546 (500)	✓	✗ (E)	✓	✓ / ✗	

(A) Up to \$41 co-payment per day (capped after six days).

(B) All hospitals.

(C) Under negotiation.

(D) Limits to psychiatric care and rehabilitation.

(E) Excludes private hospital cover for IVF, pregnancy and birth-related cover, hip and knee

joint replacement, psychiatric care, rehabilitation, cardiothoracic, cosmetic and major eye surgery.

(F) Three-year wait for private hospital IVF.

(G) Five-year wait for private hospital IVF.

(H) Up to \$50 theatre excess for same-day treatment.

See page 22 for a guide to the Hospital cover tables.

Victoria: Ancillary cover

9
10
11
12
13
14

Fund / scheme (in rank order)	Annual family cost (\$)	Dental score (%)	Orthodontics score (%)	Optical score (%)	Physio / chiro score (%)	Others score (%)	Overall score (%)
MBF Health & well-being 80%	799	80	67 (D)	80	80	26	66
LATROBE Premier gold	1020	60	50	91	86	50	65
HBA Premier extras	1121	74	43	73	69	52 (E)	62
MBF Health & well-being 60%	638	60	60	60	60	19	52
IOR A1	612	54	27	73	52	32	47
HBA General	667	50	39	50	50	39 (E)	46
AUSTRALIAN UNITY Comprehensive	674	46	45	36	58	29	43
MEDIBANK PRIVATE Super	536	50	52	42	48	16	42
LATROBE Option P (A)	642	51	33	45	50	25	41
IOOF Table B	499	40	37	60	52	22	40
GMHBA Dental plus 3	722	39	23	49	52	19	35
GMHBA Dental plus 1	619	39	16	49	52	19	34
HBA Your choice (B)	812	63	0	65	35	0	34
GMHBA Dental plus 2	650	39	23	49	38	15	32
GMHBA Dental plus	526	39	16	49	38	15	31
GMHBA Dental plus 4	427	39	16	49	30	5	28
MEDIBANK PRIVATE Special	359	43	0	36	18	7	22
IOOF Table A	270	0	0	60	52	22	21
MDHF Ancillary A1	364	0	0	62	60	12	21
MDHF Super dental	323	46	22	0	0	0	18
LATROBE Option E	419	0	0	45	50	12	17
LATROBE Option D	388	51	0	0	0	0	15
MDHF Ancillary A	198	0	0	40	49	6	15
HBA Basic extras	407	13 (C)	0	36	25	0	13
AUSTRALIAN UNITY Basic	454	11	0	0	35	5	10

(A) Extra cover and lower rates if combined with hospital cover.

(B) You select cover from list of options. For this analysis we chose general and major dental, optical and physiotherapy benefits. The combination can be changed each year. Higher limits apply if combined with hospital cover.

(C) Major dental work covered if result of accident after joining.

(D) Higher orthodontic limits if combined with hospital cover.

(E) Natural therapies only covered if supplied by a member of an approved association.

Western Australia: Ancillary cover

8
9
10
11
12
13
14

Fund / scheme (in rank order)	Annual family cost (\$)	Dental score (%)	Orthodontics score (%)	Optical score (%)	Physio / chiro score (%)	Others score (%)	Overall score (%)
HBF Essentials plus	800	81	63	72	87	16	64
GOLDFIELDS Necessities	546	56	44	39	57	28	46
MEDIBANK PRIVATE Super	530	56	46	51	48	15 (A)	44
HBF Essentials	530	51	44	47	52	12	41
MEDIBANK PRIVATE Special	390	52	23	45	0	7	29

(A) Orthopaedic shoes included in hospital cover.

The percentage ratings in *Ancillary cover* tables are the percentage of the amount spent by our 'high-use' family that they could reclaim — see page 23 for details. If you want just dental and optical cover, say, just check the appropriate columns for a good score with an acceptable price.

Health Hotlines

The Medical Benefits Fund of Australia (MBF) and Health Benefits Fund of WA (HBF) are hotly promoting their free telephone health advisory services. Both funds say they've proved very popular with their members. But is access to a hotline a good enough reason for joining these funds? CHOICE doesn't think so.

WHAT DO THEY OFFER?

MBF operates in all states and territories except Western Australia, while HBF covers only WA. Both funds offer similar telephone information services to members, including:

- Hospital pre-admission information (advice on your hospital options and the likely cost of your treatment).
- Information on general medical conditions.

- Counselling and community service referral.
- Support for new parents.
- Nutrition advice.

■ MBF also offers 24-hour assistance for minor emergencies (such as where to find your nearest after-hours dental service).

Both hotlines are toll-free. If you're an MBF member, you can call MBF Private Access on 13 11 37. The number for HBF members' Private Line is 13 22 72.

Depending on the nature of your enquiry (and the time you call), you can talk to a trained nurse, social worker, dietitian or medical librarian about your problem or the information you want.

ARE THEY USEFUL?

Members we spoke to who have used one of these services said they found it very helpful, and staff were friendly, professional and informative. The verbal and written advice they received appears to be well researched and reliable.

SUBSCRIBERS' EXPERIENCES

One of MBF's and HBF's most popular facilities is their 24-hour counselling line for new parents. One caller, driven to distraction by her screaming baby, told us she was relieved she could speak to an early-childhood specialist late at night. The nurse was able to provide reassurance and advice about techniques she could try to help get her baby off to sleep. As she was also having trouble coping financially and emotionally with being a sole parent, the nurse offered to put her in touch with a social worker and to call back in a few days' time to see how she was getting on.

Another caller, wanting information on migraines, was sent fact-sheets about the possible causes and treatments of these troublesome headaches.

OTHER SOURCES

If you're an MBF or HBF member, it can be very convenient to make just one free call and be able to talk to someone knowledgeable and supportive about your problem.

However, this shouldn't be your main reason for forking out a lot of money to join either of these funds. If you're not an MBF or HBF member, you can still get free health advice by making use

of your telephone, though you may have to spend a bit of time searching through your phone book (the White and Yellow Pages indexes are a good starting point) or making a number of calls to find out for yourself where you can get help. But the cost of a few phone calls is small change compared to the considerable expense of taking out private health insurance.

If you want more information on a particular medical condition than that provided by your doctor, you could ask your GP whether there is an organisation or support group for people who have a similar problem. Or you could consult your phone book for possible contacts (for example, your state arthritis, asthma or cancer organisation). Such organisations can generally provide advice as well as helpful written information, and also put you in touch with other people with your condition.

If you're in need of community support services (such as home care), you can also refer to your White Pages phone book.

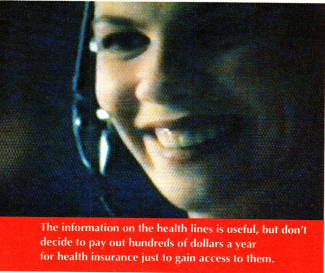
If you're a new parent having problems coping, you could contact your maternity hospital 24 hours a day or your baby health centre during working hours. Some states also have a 24-hour parent advice line. (A maternity hospital will be able to tell you the number if you have trouble finding it.)

If, like one of the MBF callers we spoke to, you suspect your child may have a drug problem, you could try phoning your local drug information service or a parent advice line. Or you can get free general counselling 24 hours a day by phoning Lifeline on 13 11 14 from anywhere in Australia.

Another part of MBF's and HBF's phone services is a hospital pre-admission information service. But this isn't exclusive to these two funds, so it's not really a bonus. Any health fund should provide this sort of information to its members.

OUR VERDICT

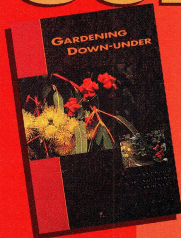
By all means take advantage of MBF's or HBF's health information lines if you're an MBF or HBF member. But base your decision on whether to join these health funds — or whether to take out health insurance at all — on the relative costs and benefits of the medical cover they provide (see *Choosing a health fund* on pages 19 to 29 for more information), rather than bells and whistles like a health information line. □



The information on the health lines is useful, but don't decide to pay out hundreds of dollars a year for health insurance just to gain access to them.

Selections

f r o m o t h e r p u b l i s h e r s



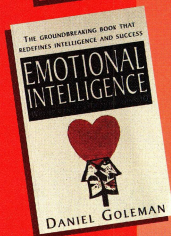
Gardening Down-under

Better soils and potting mixes for better gardens
Kevin Handreck, CSIRO Publications

Gardening Down-under will help you work out what type of soil you have, and how to improve it and therefore the success of your plants. It will help both beginners and expert gardeners. Some of the topics include: soil acidity and alkalinity, no-dig gardens, organic matter, fertilisers, watering, lawns, growing and fertilising plants in pots, and gardening with salty water. Colour photographs support the text.

190 pp paperback
\$35

Code: GDDU



Emotional Intelligence

Why it can matter more than IQ
Daniel Goleman, Bloomsbury

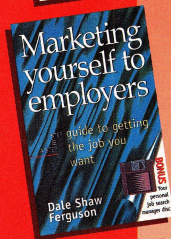
'Emotional intelligence' includes self-awareness and impulse control, empathy and social deftness.

This best-selling book by Daniel Goleman (one of the editors of *Mind Body Medicine*) persuasively argues that our emotions have a powerful role in determining individual success, and that you can develop and nurture emotional intelligence.

368 pp paperback

\$20

Code: EMIN



Marketing Yourself to Employers

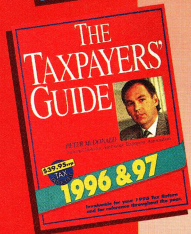
A step-by-step guide to getting the job you want
Dale Shaw Ferguson, Hale & Iremonger

Marketing Yourself to Employers explains everything you need to consider when looking for a job. It includes sections on effective use of networks, telephones and résumés, how to handle difficult questions at the interview and what to do when you get an offer. It also comes with a stand-alone computer disk of 'tools' to assist you in your job search.

160 pp paperback plus Windows disk

\$30

Code: MYTE



The Taxpayers' Guide 1996 & 97

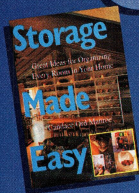
Peter McDonald, Wrightbooks

It's tax time, and we have selected *The Taxpayers' Guide 1996 & 97* to help you prepare your tax return. It's been designed to be used in conjunction with the Australian Taxation Office's *Tax Pack* and the author, Peter McDonald, is the National Director of the Australian Taxpayers' Association. *Please note: This book will not be printed until after June 30, 1996 (to include any last-minute tax changes), so it can't be delivered until late July.*

\$39.95

Code: TAXX

Consumer

**Storage Made Easy**

There are two ways of dealing with clutter, (1) minimise it, (2) store it more efficiently. This book is an easy-to-read guide to step 2. It includes colour photographs and tips to help you with your storage problems.

\$25

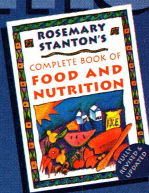
Code: STOR

**Let's Move!**

Home selling and buying are the largest financial deals most of us will ever make. *Let's Move!* gives sensible, relevant advice about selling, buying, building and moving house. It includes useful checklists and addresses.

\$17

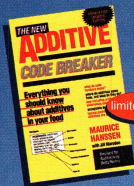
Code: LM

**Rosemary Stanton's Complete Book of Food and Nutrition (Revised edition)**

This is an A-Z guide to food and nutrition that can answer most of your questions on food in an easy-to-read style. Rosemary Stanton is one of Australia's best-known and most respected nutritionists.

\$30

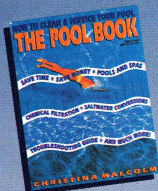
Code: RSFN

**The New Additive Codebreaker**

This useful guide lists the approved food additives and their codes, their acceptable daily intake levels and any potential problems that can occur with them.

\$17

Code: NACB

**The Pool Book: How to Clean and Service Your Pool**

A little understanding can make it much easier to care for your pool or spa, and also cut your costs. This guide includes a troubleshooting section to identify and rectify common pool problems.

\$6

Code: HCYP

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Card number _____

Signature _____

Mr/Mrs/Miss/Ms _____

First name

Last name

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Postcode

Phone (business hours) _____ Subscriber number _____

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57 Carrington Road, Marrickville 2204
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Fax: (02) 559 3260

Money-back guarantee:

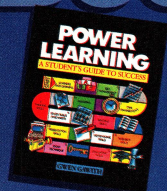
If you are not completely satisfied with your purchase, return book(s) within 30 days for full refund of the purchase price.

1M9607 INS**Postage & Handling**

\$3 for one item plus \$1.20 for each extra item ordered. Some books may have to be sent separately to keep postage costs down. This is due to Australia Post's vagaries, not ours. Please allow 3 to 4 weeks for delivery.

If any order cannot be filled for a substantial length of time, we'll let you know and give you the option of cancellation.



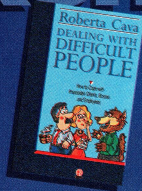


Power Learning

This very thorough, helpful book will help you identify your learning style and expand your repertoire of learning strategies.

\$14.50

Code: PL

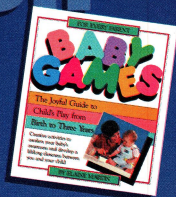


Dealing with Difficult People

We all have to deal with them — 'difficult' people. Using this book you can develop effective communication skills and behaviour to enable yourself to cope better when you have to deal with them.

\$13

Code: DWDP

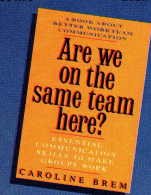


Baby Games (Revised edition)

This new edition of *Baby Games* includes a wealth of imaginative ideas and songs to use when playing with your child (from birth to three years), and a revised resource list to make it easier for you to find what you need to have more fun.

\$20

Code: BG



Are We on the Same Team Here?

Working in a team shouldn't be difficult — once we recognise the importance of good communication. This book looks at communication within groups and the simple steps you can take to make a group work.

\$20

Code: AWST

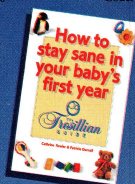


Australian Guide to Getting Published

This book provides a wealth of advice about what you can do to improve your chances of being published in Australia. It includes advice about manuscript preparation, contracts and royalties.

\$15

Code: AGGP

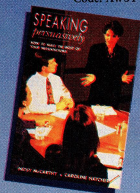


How to Stay Sane in Your Baby's First Year

This popular childcare guide has been revised and updated to help parents get through that first year.

\$18

Code: SSBY

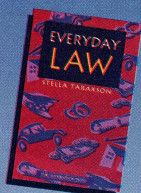


Speaking Persuasively

Speaking Persuasively includes practical advice about presenting yourself well, getting to know your listeners, structuring your presentation for them, and developing leadership through public speaking.

\$25

Code: SP

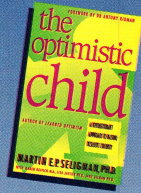


Everyday Law

This book will not replace a lawyer or legal advice, but it can help you understand some of the more common legal issues you could come across. It's a useful first step when it comes to deciding whether you need legal advice.

\$15

Code: EL



The Optimistic Child

Depression and lack of confidence can affect children badly, and if not acted upon in childhood can be carried through life. Martin Seligman looks at what can be done to help children attain optimism and confidence throughout their lives.

\$20

Code: OC



Laser or inkjet?

With some laser printers priced well under \$1000, they're now a real option for some home users. But are they automatically the best choice?

IF YOU'RE SERIOUS ABOUT USING your computer for more than just games, a printer is almost essential. Without one you can't even print that letter you've written, for example.

The best type of printer for your needs depends on your budget and what you're planning to do with it.

There are three main types of printer to choose from: laser, inkjet and dot-matrix.

■ **Laser printers** use a similar printing method to photocopiers. The image of the whole page is first drawn onto a light-sensitive rotating drum using a concentrated laser light beam. The image is electrostatically transferred to paper, and the parts of the paper that are charged attract toner (black powder which acts as the ink). The toner is then fused to the paper using heat and pressure.

■ **Inkjet printers** squirt ink onto the page through tiny ink jets to form text or graphics. A printhead with an ink-filled print cartridge moves across the page, line by line, building up the image. For more information on inkjets, see CHOICE, October 1995.



If you want to print in colour at home, a colour inkjet printer is the way to go.

■ **Dot-matrix printers** have a printhead with a series of pins which strike a ribbon coated with ink to form the text or graphics. Like an inkjet printer, the printhead moves across the page, line by line, building up the image.

Before buying a printer it's important to check it comes with the right cables and driver software for your type of computer.

LASER PRINTERS

Price: From around \$600 for basic Windows-based black-and-white laser printers.

Replacement toner cartridges: Generally \$100-\$300, depending on the model of printer.

Good points

- Very good-quality black-and-white printing: well defined and crisp.
- Much quieter than dot-matrix printers.
- Generally faster than inkjet and dot-matrix printers.

Bad points

- Generally more expensive than inkjet and dot-matrix printers, but much cheaper than they were a few years ago.
- Replacement toner (ink) cartridges are expensive, so running costs are high.

■ Colour laser printers are very expensive and not widely available. If you want colour, a colour inkjet printer is a better option for home use.

INKJET PRINTERS

Price: From around \$300.

Replacement black-only ink cartridges: \$20-\$70, depending on the model of printer.

Replacement colour ink cartridges: \$40-\$90, depending on the model of printer.

Good points

- Good-quality black-and-white printing. Some models approach laser-printer quality.
- Good-quality colour graphics printing is possible on some models — if this is what you want to do, ask to see how a printer performs in colour in the shop.
- Quieter than dot-matrix printers.
- Generally cheaper than laser printers.

Bad points

- Can be quite expensive to replace ink cartridges, especially colour ones.

DOT-MATRIX PRINTERS

Price: From around \$250.

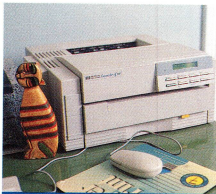
Replacement ink ribbons (both black only and colour): generally \$15-\$30, depending on the model of printer.

Good points

- Provide acceptable print quality for home users, especially 24-pin printers (we don't advise an old nine-pin model as a secondhand option unless you really have no choice).
- Replacement ribbons are relatively cheap.
- Generally cheaper to buy and run than inkjet and laser printers.

Bad points

- Print quality, particularly of graphics, is not nearly as good as laser or inkjet.

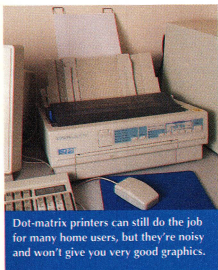


A laser printer could be a good choice if you print a lot — they're fast after the first copy — but colour is still out of the home user's reach.

Subscriber 21st draw

Our 21st draw will be held on October 4, 1996.

Two lucky people will win prizes from tests published in **CHOICE** in February and March 1996.



Dot-matrix printers can still do the job for many home users, but they're noisy and won't give you very good graphics.

- Noisy.
- Can be slow.

SO WHAT SHOULD YOU BUY?

■ Most home users should be happy with an inkjet printer, especially if you want to print in colour. It's a good balance of price, print quality and speed.

■ Users wanting very good print quality in black and white — and who will do a lot of printing — could consider a laser printer.

■ For budget-conscious computer users, a 24-pin dot-matrix printer is still a good buy.

Laser printers use a similar printing method to photocopyers. The image of the whole

inkjet printers squirt ink onto t through tiny ink jets to form te graphics. A printhead with an

Dot matrix printers have a pri with a series of pins which stri ribbon coated with ink. Like a

With a laser printer (top) you'll get sharp, clear text (at a price). Inkjets (centre) are usually cheaper than a laser and almost as good for print quality — and you can probably afford colour. The type is not nearly as sharp on most dot-matrix printers (bottom), but they're a cheaper way to do the job.

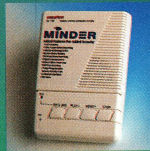


First Prize

A mid-sized microwave oven valued at up to \$750.

Second Prize

Voca-phone answering machine valued at around \$130.



For new subscriptions and renewals received July 1 to September 30, 1996.

These are products we bought for testing, so you won't be the first to turn them on or set them up. But we'll cover any service problems with a **CHOICE** warranty that'll match the manufacturer's — just as if you'd bought them new.

All new **CHOICE** subscriptions and renewals received from members and personal subscribers (including donors of gift subscriptions) by September 30 will go into the draw, unless of course you indicate you don't want to be included.

Subscriber draws are held every quarter — your renewal notice will have the details. If you're on a two-year subscription you'll be entered on your first anniversary as well as when you renew.

Use the order form overleaf

CONDITIONS OF ENTRY

1. The winner will be drawn from new subscriptions and renewals from personal subscribers (including members and donors of gift subscriptions) received July 1 to September 30, 1996. If you opt for a two-year subscription, you'll be entered on your first anniversary as well as when you actually renew or subscribe. 2. Information on how to enter and prizes forms part of these conditions of entry. 3. Employees, and their immediate families, of the Australian Consumers' Association and its associated companies and agencies are ineligible to enter. 4. Entrants must be residents of Australia. 5. Applications are subject to a verification check and the judge's decision is final. No correspondence will be entered into. 6. The prizes will be delivered free anywhere within Australia. 7. Prizes cannot be taken as cash. 8. South Australian residents may enter the draw by completing the form and posting to: Reply Paid No. 24, ACA, 57 Carrington Road, Marrickville NSW 2204, without subscribing to the magazine. Only one entry per person is permissible through this method. 9. Last date for receipt of entries to the draw is September 30, 1996. No responsibility accepted for lost, late or misdirected mail. 10. The draw will be conducted at the office of the Consumers' Association at 10 am on October 4, 1996. 11. The winner will be notified by letter and published in the earliest feasible issue of **CHOICE** after that. 12. The promoter is the Australian Consumers' Association, 57 Carrington Road, Marrickville NSW 2204. NSW permit No. TC 96/2965 issued on 28/5/96, ACT Permit No. TP 95/3997 issued under the Lotteries Ordinance on 22/5/96, NT permit No. NT 96/0941 issued 28/5/96.

Order Form

Send to:
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 57 Carrington Road
 Marrickville NSW 2204

Phone Subscriptions: (02) 558 8088
 General: (02) 558 0099
 Fax: (02) 559 3260

Subscriptions	Cost \$		Qty Self	Qty Gift	Amount
CHOICE					
1 year	48	Personal			
2 years	89				
1 year	66	Company/Institution			
2 years	124				
Overseas subscription add \$12 for 1 year and \$22 for 2 years					
Consuming Interest					
1 year	27	Personal			
2 years	50				
1 year	35	Company/Institution			
2 years	67				
Overseas subscription add \$6 for 1 year and \$10 for 2 years					
Travel					
1 year	27	Personal			
2 years	50				
1 year	35	Company/Institution			
2 years	67				
Overseas subscription add \$6 for 1 year and \$10 for 2 years					
Health Reader					
1 year	50	Personal			
1 year	72.50	Professional/Institution			
Overseas subscription add \$12					

CHOICEFax (see page 2 for details)	Cost \$		Qty	Amount
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16	Non-subscriber			

Article title:

Issue date: Fax no:

Filing systems	Cost \$		Qty Self	Qty Gift	Amount
Box holder	12	Red			
		Green			
		Blue			
Binder	12	Red			
		Black			
		Grey			
Total					

Payment method

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 (payable to Australian Consumers' Association)

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Card number

Name on card Signature

Mr/Mrs/Miss/Ms

Address

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Gift recipient details

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Letters

TERMITE INSPECTIONS

We refer to the article on termite inspections published in CHOICE, January 1996.

We are pleased to note in your March 1996 issue that you published a correction to confirm there is no proven link between chlorpyrifos and its residues and any long-term health effects.

In your correction you described symptoms which you say can be caused by "poisoning with chlorpyrifos ('acute' exposure)".

Your readers can be assured that normal household termite applications, applied as directed, would not subject them to poisoning or health risks associated with acute exposure.

Chlorpyrifos is the principal chemical used against termites worldwide. Each year in the US alone, licensed operators apply it in seven million homes. Every major nation approves it for termite use and not one has declined registration on health grounds. The Australian National Registration Authority has extensively evaluated it for this and other use patterns, with input from the federal department of health:

D A Heussler

Government & Environment Affairs
Director

DowElanco Australia Ltd
Frenchs Forest, NSW

PUBLIC TRUSTEES

CHOICE must be congratulated for raising people's awareness about the importance of making a will. Many Australians prefer to ignore this task, with often disastrous results.

Among other duties, the Public Trustee of Queensland administers the estates of those who have died without a will. We see first-hand the pressure this puts on families, especially when they become aware that money and property will be distributed according to the Succession Act, rather than what is considered to be the wishes of the deceased.

The Public Trustee has recognised the importance of wills by providing a free will-making service to all Queenslanders. This service is offered regardless of whether people appoint the Office as executor or not. The Public Trustee will also hold the original will in

safe custody, free of charge. The Office currently holds the wills of 20% of the Queensland adult population.

The Public Trustee provides a professional and cost-effective service. Offices are located throughout the state to ensure that all Queenslanders have access to the organisation.

K Martin
Public Trustee
Brisbane, Qld

Public trustees exist in all Australian states and territories, but their policies are not uniform. As a result, Queensland is the only state that offers will-writing services free, regardless of whether the trustee is named as executor or co-executor in your will. NSW, SA and WA Public Trustees also write wills free, but only if you name the office executor or co-executor. The other states and territories all charge a range of fees.

For more information on writing wills, see CHOICE, February 1996, or contact your local trustee office: ACT: (06) 257 1222; NSW: (02) 252 0523; NT: (08) 8999 7271; Qld: (07) 3213 9409; SA: (08) 269 7575; Tasmania: (002) 33 7598 (Hobart); (003) 36 2241 (Launceston); Victoria: (03) 9667 6444; WA: (09) 222 6777; toll-free outside Perth 1800 642 777.

EVERLASTING SIMPSON

What a surprise when reviewing the November 1995 edition of CHOICE. Close inspection of the washing machine featured on page 7 in your *Oldest appliance* competition proved it to be the same model as ours. I was pleased to see it had been recommended by CHOICE in 1964.

While ours hadn't been in the family as long as the McBrides had owned theirs, it has certainly served us well for the last 10 years — and continues to do so! The nappies we used for our two children were always cloth ones, and this machine has washed them all.

Unlike the McBrides, we obtained our Simpson A38 purely by chance — it had been dumped beside the road not far from our home, presumably because its electric motor had ceased to function.

Being environmentally conscious (and newly-weds without a washing

machine!) I loaded it (ever hopeful) into the back of the station wagon and took it home. When we plugged it in and switched it on, it would only clunk at us. Further inspection by my brother (who has considerable prowess when it comes to things electrical) showed the switch gear in the motor had a broken spring.

Thanks to an empty Bic biro, we replaced the spring, and the machine has worked almost perfectly ever since (I say 'almost' because a previous owner had removed the suds return mechanism).

In fact, we were even able to get a Parts Assembly Diagram from Simpson in about 1991 — not bad service for a machine over 25 years old (although I can't imagine much would be available in the way of spare parts).

Thanks for a great magazine and keep up the good work.

C Godham
Berwick, Vic

MOZZARELLA RECALL

I noticed in the February 1996 issue of CHOICE that there was a recall on Homebrand mozzarella cheese. Having bought some the previous day at Woolworths, I checked the use-by date. Lo and behold, it was May 1, 1996 — the recalled batch.

I phoned the recall co-ordinator, who at first had no knowledge of the recall, then discovered it was a reprint of a November 1995 recall. Definitely a big worry that a product recalled in November was still on the shelves at the end of February 1996.

I took the cheese back to Woolworths and was asked how long I had had it. I received a refund, but no apology. The manager went off saying he would call the head office (I would rather he had checked the cheese shelves). Please keep reprinting the recall notices.

P McNaught
Forrest, ACT

PS: Can you tell me what's added to packet grated cheese to stop it sticking together?

A food additive called microcrystalline cellulose, used as an anti-caking agent, prevents grated cheese sticking together. However, some grated cheese brands may not use any anti-caking ingredients.

For as long as it lasts

HAVE YOU EVER WONDERED what a 'lifetime guarantee' means? Perhaps that the product is guaranteed to last for ... well, as long as it lasts? "For a piece of meaningless double-talk, I think it takes the cake," says one of our subscribers, who recently sent us a lifetime guarantee from a piece of Décor plastic ware.

A lifetime guarantee on its own is indeed meaningless. However, companies often seem to use these words followed by additional information which gives some guarantee conditions. The Décor label, for example, states, and the company confirmed, that Décor's products are guaranteed for *their lifetime against manufacturing defects provided they're used for the purpose for which they're designed*. The extra definition at least suggests Décor is serious about its guarantee, even if the 'lifetime' wording is facile.

However, while the definition sounds simple enough, in the case of a claim the last clause can leave you and the manufacturer at loggerheads as to what constitutes appropriate usage, as the following example shows.

WATERING ON A SUNNY DAY

We believe it's reasonable to assume that you can keep a watering can on a balcony, or anywhere else on your property close to plants or a tap. John Neill of Darlinghurst, NSW, thought so too. But when the plastic material of his Décor watering can changed colour and cracked — he suspected from exposure to sunlight — Décor told him that the material it was made from was considered to be "more than adequate for this type of product" and to prolong its life, it "should be, where possible, kept out



Décor's watering can is guaranteed for life — as long as you keep it out of the sun!

of direct sunlight when not in use". With this explanation, Décor returned the old watering can to John.

We should mention here that this was not the first watering can for which John had claimed a refund. He had purchased a packet of two "all-purpose" 3 L watering cans and had already received a replacement for the first of the two that had deteriorated. In fact, Décor had replaced it with *two* 2 L cans, as the 3 L size was no longer manufactured. But with the second can, the company was less obliging.

We were surprised to hear of this response as Décor had assured us it usually responds with a goodwill gesture if a customer goes to the trouble of returning a product. "Even if we know it's not a manufacturing defect, we replace it, write back to the customer and keep a record of the returns," Décor Production Director Ray Gordon said.

When we contacted Décor on John's behalf, Mr Gordon told us the company would gladly replace the watering can, as they don't want a customer to be unhappy. John has meanwhile received a refund, but for him it wasn't so much a matter of money, but one of principle: if storage in the sun is likely to make the material deteriorate, a label should warn consumers to store it away from direct sunlight. We agree. But according to Décor, attaching such labels is too expensive.

COOKING UP A STORM

From another subscriber, TL of Taylors Lakes, Victoria, we heard that she could only get the faulty bases (that is, the

pans) of her Bessemer cookware replaced — not the lids. The lids were still as good as new, but in a different colour from the replacement pans. The company did offer to sell new lids to her at half price, which would have amounted to \$193 — not quite what TL thought should be meant by 'lifetime guarantee'.

OUR ADVICE

If you're tempted to buy a product because it has a lifetime guarantee, read the small print to see if the manufacturer makes any attempt to define what it means by 'lifetime'. Be aware that in legal terms 'lifetime' is probably meaningless.

Whatever the terms and conditions of a guarantee, manufacturers do have a legal obligation. By law, they have to replace, refund or repair a faulty product, even if it has no lifetime or any other voluntary guarantee. The only difference between this general (statutory) warranty and one a manufacturer makes voluntarily is that you have to claim for a general warranty replacement within a year after the purchase. (Product liability claims are a different matter. See CHOICE, July 1995, for more information on how to take action if a product has caused you damage or injury.)

There's no such time limitation for products guaranteed for their lifetime against manufacturing defects, but it may become more difficult to prove such a defect more than a year into the product's life, especially if you've used it regularly. And there's no guarantee that the company will even still exist if you try to make a claim many years after the purchase. □

Camcorders

Whether you want to create your own movies or just keep a moving memory of your child's first steps, the right camcorder for your purposes is out there.

MORE THAN 50 CAMCORDERS are currently available in Australia, ranging in price from less than \$1000 to more than \$7000. To help you with your choice when you buy your first camcorder or upgrade to a more advanced model, we've taken a closer look at 31 models.

FEATURES

You can choose from relatively cheap camcorders with a few basic features or more expensive models with many features which, for a price, can make your footage look more sophisticated and make editing easier.

Some technical details and features are listed in the *Features* table on pages 44 and 45, but it's not a complete list — all the models tested had other features as well. Notable ones are a character generator (to add short titles), a time-code generator or counter memory (to help identify individual frames for editing), a video light (for filming in low light), self or delay timer (to help you record yourself), time-lapse and animation function, and special digital effects such as superimposing, strobe and snapshot. We've listed common features in *All the camcorders have...* on page 41.

Because the choice is so broad and fairly complex, it's important when you go shopping to have some idea of what you want to use your camcorder for, so you can look for the appropriate features.

THE SYSTEMS AVAILABLE

Much more important than a long list of sophisticated features is the type of video recording system your camcorder has. Five different ones are available, which can be split into three major groups:

- Standard — in 8 mm (Video-8) or compact VHS format (VHS-C).
- High-band — in 8 mm (Hi-8) or compact VHS format (S-VHS-C).
- Digital (or DV format) — the latest on the market and still very expensive.

The main technical difference between the standard and high-band formats (8 mm and compact VHS) is their sound recording system. With the 8 mm format, sound is always recorded on the same track as, or mixed in with, the picture. With the compact VHS system, you can record sound in the same way or independently of your visuals — a separate track for sound is reserved on the tape. This means you can record ambient sound with your visuals and also add another soundtrack later.

STANDARD CAMCORDERS

Standard camcorders are the cheapest of the systems available and their picture is generally of a lower quality than high-band models. But there are some exceptions — for example, our Best Buy, the PANASONIC NV-R 33 A.

If you're a novice to video recording, or you only use a camcorder occasionally, a standard model may be all you need to record family gatherings or holidays, where you don't need a lot of detail and good lighting is available. If you want to edit your footage later on, you're better off with a high-band model.

HIGH-BAND CAMCORDERS

The Video-8 and VHS-C formats are related to the high-band systems (Hi-8 and S-VHS-C); standard camcorder tapes can be used in high-band camcorders, but not the other way round.

As far as quality is concerned, high-

band camcorders are generally superior to standard models, but the better quality usually comes at a price.

A better-quality picture means you'll be able to capture much more detail in your recordings — you'll be able to see your cat's whiskers, not just its face.

The same applies if you want to edit your footage without considerable loss of picture quality. Editing a video always means copying from one tape onto another; you don't physically cut film strips. With each generation you create, the picture quality deteriorates. High-band camcorders give you more room to move.

DIGITAL

From the outside, the two digital camcorders in the test don't look very different from some of the higher-priced high-band camcorders — the major difference is on the inside. The SONY DCR-VX 1000 and DCR-VX 700 both use digital recording technology, which has been around for a while for audio equipment, but is relatively new for amateur video and still very expensive.

What it means is that both picture and sound signals are recorded onto the tape digitally, which significantly improves the quality.

The big price difference between the two digital models in the test is due to a major technical difference: the SONY DCR-VX 700, like most other camcorders, works with a single CCD chip (the chip that converts the image into a video signal). The SONY DCR-VX 1000 has three CCD chips — one for each primary colour. In theory, the three-chip feature should significantly influence the picture quality, but we could find little difference in the viewing test.



However, overall the two digital models did stand out from the rest in our test. Both are expensive, but you get much better picture quality than even the most impressive high-band camcorders in the test could deliver. They also stood out for sound quality — at least as far as the listening panel was concerned. However, because they only scored 'satisfactory' in some technical sound tests, their overall sound quality rating was 'good' rather than 'very good'.

Prices of tapes for the different systems vary — digital tapes in particular are expensive (around \$49 for a 30-minute tape and \$69 for 60 minutes).

WATCHING YOUR FOOTAGE

The main visible difference between the two types of standard and high-band camcorder cassettes — 8 mm and compact VHS — is their size. Tapes for 8 mm systems are about the same size as a standard audio cassette; tapes for the compact VHS systems are slightly bulkier, but they only give you about half the recording time of an 8 mm cassette.

The camcorder cassette systems aren't compatible with each other — you can't use an 8 mm cassette in a VHS-C camcorder, or in your home VHS video recorder. In fact none of the tapes you record on with any of the camcorders in our test can be put straight into a VHS VCR.

If your camcorder has an LCD screen you can watch your footage straight from the camcorder, but it's more complicated if you want to watch it at home on your television:

- If you've recorded with a **digital** or **8 mm** camcorder, plug your camcorder directly into your TV or VCR (you can bypass your VCR if your TV has an appropriate socket).
- If you've recorded with a **high-band S-VHS-C** camcorder, plug the camcorder directly into your TV or VCR, or play it back on a special S-VHS-C VCR.
- If you've recorded with a **standard VHS-C** camcorder, plug the camcorder directly into your TV or VCR, or use a special adaptor to play the camcorder tape in your VCR. Check when you buy the camcorder whether it comes with an adaptor.

VISION ...

As could be expected, the picture quality of the two digital models stood out from the rest. Second in line were the high-band models — all had good picture quality. Two standard models (PANASONIC NV-R 33 A and NV-R 11 A) also made



Different tapes (left to right): S-VHS-C; digital (in front): Hi-8; Video-8 (behind) and VHS-C. Tapes for compact VHS systems are slightly bulkier than 8 mm; digital tapes, though less bulky than either, are the most expensive.

it into the 'good' category — their picture quality was much more impressive than the remaining 18 standard models tested, which were all rated 'satisfactory'.

However, the overall 'satisfactory' rating can mask some specific problems. For example, some models had problems with footage taken in daylight, artificial or dim light. Many models in the test also had poor still-frame picture quality. We wouldn't advise buying any of the camcorders with a picture-quality score lower than 'good'. The SAMSUNG VP-U 10 and VP-U 12 and the SANYO VM-PS 12 were worst for overall picture quality.

... AND SOUND

With many of the camcorders tested, the sound recorded with the built-in microphone lacks quality. Four models were rated 'poor' for sound quality — with their price of around \$1000 or more we can't recommend them.

Poor-quality sound or noise from the zoom or autofocus motor can often be overcome by using an external microphone attached to the camcorder. You can direct it at the person whose speech you want to record, and so avoid picking up motor noise. Unfortunately, nearly half the models tested (including all those rated 'poor' for sound quality) have no external microphone socket.

HIFI OR NON-HIFI, STEREO OR MONO?

Whether you need a hifi sound recording system and a stereo microphone in your camcorder depends on what and where you want to record — and the sound quality you're happy with. A camcorder with a hifi sound recording system covers a wider frequency and dynamic range than one that records non-hifi sound — so the result will be more realistic.

Say you record a noisy demonstration in a park. With hifi, you should be able to distinguish clearly on your tape between the speaker's voice, the demonstrators' chants and soft background noise such as birds chirping in the trees — provided, of course, you have a good microphone. If it's stereo, it'll pick up sound from two directions and record it on two channels (rather than a mono microphone's one) and so improve the sound quality further.

- All the Video-8 and Hi-8 camcorders record hifi sound — the Video-8 models with a mono microphone, the Hi-8 models with a stereo microphone.
- All the VHS-C models have a mono microphone and don't record in hifi (except for the PANASONIC NV-R 33 A). With all S-VHS-C models and the PANASONIC NV-R 33 A you can record either hifi or non-hifi sound with a stereo microphone.

FINDING THE VIEW

There are several options when it comes to viewing what you're recording:

- A colour LCD screen — six models in the test have one — plus an optical or electronic viewfinder.
- An electronic viewfinder (like a mini TV screen) — the most common option. It's either colour or black-and-white.
- An optical viewfinder (like that of a compact still camera) — usually on cheaper, basic models.

With a colour LCD screen it's easier to see and control what you're recording, especially if you're in a crowd and have to hold the camcorder above people's heads. The people you're with can also watch the footage you've just recorded.

It's difficult — sometimes impossible — to use a camcorder while wearing glasses unless it's got an LCD screen.

What to look for

- A picture stabiliser is useful if you frequently record without a tripod or at maximum zoom.
- With an external microphone you can generally improve the sound quality, so look for a socket on the camcorder.
- Autofocus comes in handy, but you should be able to switch it off and adjust the focus manually. That's generally easier with a focusing ring or wheel than with a button or rocker switch.
- Try out the camera in the shop to make sure you find the controls comfortable to use.
- To play standard VHS-C cassettes on your home VCR you need an adaptor — check whether it's supplied with the camcorder.
- It helps to know which video system you want before going shopping (see page 39). Even within systems, prices vary between models by hundreds of dollars.
- On some battery chargers you can discharge the battery fully before you recharge it. Without such a discharge function, you should leave the camcorder on to let the battery go flat before recharging it.



Sony
DCR-VX 700



Sony
CCD-TR 3000



Panasonic
NV-S 99 A



Sony
CCD-TRV 70



Panasonic
NV-R 33 A



Some of the Hitachi camcorders can use alkaline batteries instead of a battery pack (see left).

All the camcorders have:

- Mains adaptor and battery charger.
- Built-in microphone.
- Automatic aperture control.
- Automatic white balance.
- Zoom lens with autofocus (except for the SANYO VM-PS 12 and the JVC GR-SV 3 EG, which have fixed focus only).
- Basic playback functions (start/stop, fast-forward/rewind, pause/still frame, search).
- Adjustments for people with impaired vision (except for the SANYO VM-PS 12, which only has an optical viewfinder). The JVC GR-SV 3 EG has a non-adjustable optical viewfinder, but has an LCD screen.
- A macro lens for close-up shots (except for the JVC GR-SX 1 EG and SANYO VM-PS 12).
- Assemble edit function — see Features table, note 14.
- Running time indicator (in minutes and seconds).
- Date and time setting (except for the SANYO VM-PS 12).
- Record review and record search (except for the SANYO VM-PS 12).

Except for the SANYO VM-PS 12, all the models tested which don't have a screen have adjustments which can help compensate for poor eyesight.

On the downside, an LCD screen uses more energy than a viewfinder, so you have to recharge the battery pack more often.

WHEN THE BATTERY'S FLAT

All the camcorders use a battery pack with rechargeable batteries, but four of them (the HITACHI VM-E 210 E, VM-E 410 E, VM-H 610 E and VM-H 710 E) can also be operated with alkaline batteries — a useful feature when you're recording outdoors and have no spare battery pack with you.

Battery packs most commonly contain nickel-cadmium (NiCad) batteries, which should be completely discharged before being recharged. If they're not, they'll tend to last for shorter and shorter periods each time you use them — the so-called memory effect. When these batteries are eventually exhausted, return them to the manufacturer, who ought to have a recycling system in place. The cadmium they contain is toxic and shouldn't end up in landfills.

Some camcorders (though none in our test) come with nickel metal hydride (NiMH) batteries, which don't suffer as much from the memory effect. They're lighter and less harmful to the environment than NiCads. You may be able to use NiMH batteries in a camcorder supplied with NiCad batteries — check with the manufacturer.

Lithium ion batteries are the latest in technology and are still quite expensive. They have a higher capacity and so can be lighter than NiCads but still achieve the same running times, and they don't suffer from the memory effect. But you can't use them in camcorders supplied with NiCads or NiMH batteries.

WHAT TO BUY

Digital	
SONY DCR-VX 700	\$4700
High-band	
PANASONIC NV-S 99 A	\$2720
SONY CCD-TR 3000	\$3495
SONY CCD-TRV 70	\$2970
Standard	
PANASONIC NV-R 33 A	\$1395

We didn't include the SONY DCR-VX 1000 digital model in the *What to buy* list because of its \$7500 price tag. Its ratings were the same as for the other digital SONY.

Camcorder rankings

1

Brand/model (in rank order within categories)	Manufacturer/ distributor	Origin	Warranty (years)	Target price (\$)*	System	Dimensions ** (W x H x L, mm)	Weight (g) ***	Running time per charge (min)
DIGITAL CAMCORDERS								
SONY DCR-VX 1000	Sony	Japan	1	7500	DVC Digital	120 x 150 x 330	1700	100 (G)
SONY DCR-VX 700	Sony	Japan	1	4700	DVC Digital	120 x 120 x 280	1400	126 (G)
HIGH-BAND CAMCORDERS								
PANASONIC NV-S 99 A	Panasonic	Japan	1 (B)	2720	S-VHS-C	120 x 120 x 210	1200	39
SONY CCD-TR 3000	Sony	Japan	1	3495	Hi-8	100 x 100 x 210	1100	83 (G)
SONY CCD-TRV 70	Sony	Japan	1	2970	Hi-8	120 x 120 x 210	1500	94
HITACHI VM-H 710 E (A)	Hitachi	Japan	1 (C)	1880	Hi-8	100 x 120 x 210	1100	68
HITACHI VM-H 610 E	Hitachi	Japan	1 (C)	1650	Hi-8	100 x 120 x 210	1200	70
CANON EX-2 Hi	Canon	Japan	1	4859	Hi-8	170 x 160 x 200 (F)	2500	61
CANON UC-X2 Hi	Canon	Japan	1	2649	Hi-8	100 x 110 x 180	1000	79 (G)
HITACHI VM-H 80 E	Hitachi	Japan	1 (C)	2550	Hi-8	100 x 110 x 240	1000	64 (G)
JVC GR-SX 1 EG	Hagemeyer	Japan	1 (D)	2195	S-VHS-C	110 x 120 x 190	1000	52
STANDARD CAMCORDERS								
PANASONIC NV-R 33 A	Panasonic	Japan	1 (B)	1395	VHS-C	80 x 120 x 250	1000	70
PANASONIC NV-R 11 A (A)	Panasonic	Japan	1 (B)	1195	VHS-C	80 x 120 x 250	1000	69
PANASONIC NV-V 10 A	Panasonic	Japan	1 (B)	1899	VHS-C	110 x 120 x 260	1200	76
SONY CCD-TR 380 (A)	Sony	Japan	1	1295	Video-8	130 x 120 x 210	1100	69
SONY CCD-TRV 30 (A)	Sony	Japan	1	1899	Video-8	120 x 120 x 210	1400	96
SANYO VM-EX 220 P (A)	Sanyo	Japan	1 (E)	995	Video-8	120 x 110 x 200	1000	74
BLAUPUNKT FV 845	Bosch	Japan	1 (D)	1649	Video-8	120 x 120 x 260	1400	96
HITACHI VM-E 410 E (A)	Hitachi	Japan	1 (C)	1500	Video-8	100 x 120 x 210	1100	55
CANON UC-200	Canon	Japan	1	1389	Video-8	100 x 110 x 200	900	85
HITACHI VM-E 210 E (A)	Hitachi	Japan	1 (C)	1399	Video-8	100 x 120 x 210	1200	72
SONY CCD-FX 730 V (A)	Sony	Japan	1	1599	Video-8	120 x 120 x 260	1400	110
SONY CCD-TR 440	Sony	Japan	1	1495	Video-8	110 x 100 x 210	900	85
JVC GR-AX 800 EK	Hagemeyer	Japan	1 (D)	1695	VHS-C	120 x 110 x 220	1100	70
JVC GR-AX 200 EA (A)	Hagemeyer	Japan	1 (D)	1195	VHS-C	110 x 120 x 220	1000	75
JVC GR-AX 400 EA	Hagemeyer	Japan	1 (D)	1395	VHS-C	120 x 110 x 220	1000	77
SANYO VM-PS 12 (A)	Sanyo	Japan	1 (E)	799	Video-8	110 x 110 x 190	800	85
NOT RECOMMENDED								
PANASONIC NV-A 3 A	Panasonic	Japan	1 (B)	1195	VHS-C	80 x 120 x 240	900	72
SAMSUNG VP-U 12	Samsung	Korea	1 (D)	1099	Video-8	120 x 110 x 270	1000	64
SAMSUNG VP-U 10	Samsung	Korea	1 (D)	995	Video-8	110 x 120 x 260	1100	56
JVC GR-SV 3 EG (A)	Hagemeyer	Japan	1 (D)	1499	VHS-C	180 x 120 x 90	900	75

* Prices shown are a good target to aim for, based on nationwide checks in April 1996.

** Without battery pack.

*** With cassette and battery pack.

na Not applicable — the camcorder doesn't have this function.

(A) This model has been discontinued, but you may still find it in shops.

(B) A three-year extended warranty is available for an additional \$40.

(C) Parts and labour (excluding batteries and accessories).

(D) Parts and labour.

(E) Excluding the heads.

(F) Without microphone and lens.

(G) Lithium ion batteries.

Ranking

The camcorders are ranked in order of performance within their system category (digital, high-band and standard). Picture quality was judged most important, followed by sound quality and ease of use (equally weighted), autofocus performance and picture stabilisation (if the model had these features). The latter two attributes were also weighted equally. If a camcorder rated 'poor' in any category, it was relegated to our 'Not recommended' status.

1 Running time per battery charge

This was measured while recording with autofocus (except for the **SANYO VM-PS 12** and the **JVC GR-SV 3 EG**, which only have a fixed focus), and using the total zoom range up and down 20 times (except for the **SANYO VM-PS 12**, which only has a hand zoom). A 30-minute tape was fully rewound once. Where applicable, picture stabiliser and LCD colour screen were switched off. Unless otherwise stated, the camcorders use NiCad batteries.

2 Picture quality

This rating is based on viewing panel assessments and technical performance.

The following were assessed: recordings taken in daylight, artificial and dim light, the picture quality of macro (extreme close-up) and static exterior and interior shots, of still frames and in search mode.

3 Sound quality

A listening panel assessed the sound quality (recorded with the built-in microphone) of classical and pop music as well as the sound of spoken language. Additional technical tests included measurements — with the built-in microphone and via the external microphone socket, if applicable — of frequency response and interfering noise

	3	4	5	6	Brand/model (in rank order within categories)
Picture quality	Sound quality	Ease of use	Autofocus	Picture stabilisation	
Very good	Good	Good	Good	Good	SONY DCR-VX 1000
Very good	Good	Good	Good	Good	SONY DCR-VX 700
Good	Good	Good	Good	Good	PANASONIC NV-S 99 A
Good	Good	Good	Good	Good	SONY CCD-TR 3000
Good	Good	Good	Good	Good	SONY CCD-TRV 70
Good	Satisfactory	Good	Good	Good	HITACHI VM-H 710 E (A)
Good	Satisfactory	Good	Good	Satisfactory	HITACHI VM-H 610 E
Good	Satisfactory	Good	Good	na	CANON EX-2 Hi
Good	Satisfactory	Good	Satisfactory	Good	CANON UC-X2 Hi
Good	Satisfactory	Satisfactory	Good	Good	HITACHI VM-H 80 E
Good	Satisfactory	Satisfactory	Good	na	JVC GR-SX 1 EG
Good	Good	Good	Good	Good	PANASONIC NV-R 33 A
Good	Satisfactory	Good	Good	na	PANASONIC NV-R 11 A (A)
Satisfactory	Good	Good	Good	na	PANASONIC NV-V 10 A
Satisfactory	Good	Good	Satisfactory	na	SONY CCD-TR 380 (A)
Satisfactory	Good	Good	Satisfactory	na	SONY CCD-TRV 30 (A)
Satisfactory	Good	Satisfactory	Satisfactory	na	SANYO VM-EX 220 P (A)
Satisfactory	Satisfactory	Good	Good	Good	BLAUPUNKT FV 845
Satisfactory	Satisfactory	Good	Good	Good	HITACHI VM-E 410 E (A)
Satisfactory	Satisfactory	Good	Good	na	CANON UC-200
Satisfactory	Satisfactory	Good	Good	na	HITACHI VM-E 210 E (A)
Satisfactory	Satisfactory	Good	Good	na	SONY CCD-FX 730 V (A)
Satisfactory	Satisfactory	Good	Good	na	SONY CCD-TR 440
Satisfactory	Satisfactory	Satisfactory	Satisfactory	Satisfactory	JVC GR-AX 800 EK
Satisfactory	Satisfactory	Satisfactory	Satisfactory	na	JVC GR-AX 200 EA (A)
Satisfactory	Satisfactory	Satisfactory	Satisfactory	na	JVC GR-AX 400 EA
Satisfactory	Satisfactory	Satisfactory	na	na	SANYO VM-PS 12 (A)
Satisfactory	Poor	Good	Good	na	PANASONIC NV-A 3 A
Satisfactory	Poor	Good	Good	na	SAMSUNG VP-U 12
Satisfactory	Poor	Satisfactory	Satisfactory	na	SAMSUNG VP-U 10
Satisfactory	Poor	Satisfactory	na	na	JVC GR-SV 3 EG (A)

from the camcorder, zoom and autofocus motors. If the model had both hi-fi and non-hi-fi sound, hi-fi sound was assessed.

4 Ease of use

A panel assessed how easy the models were to use both with a tripod and without. They also examined the ease of use of the viewfinder, remote control, playback function and the instruction manual.

Technical tests measured the running time with one battery charge — see note 1 for details.

5 Autofocus

Speed and accuracy of the autofocus function were assessed in daylight, artificial and dim light, at various distances, and with stationary and moving objects. Focus stability and speed were also assessed

when zooming in and out and with the autofocus function switched off.

6 Picture stabilisation

Where applicable, the steadying effect of the picture stabiliser — and its effect on picture quality (resolution, definition and 'noise') — was assessed for both stationary and panning shots with maximum zoom and with the camera held unsteadily.

Models not tested

This test was carried out by our sister organisation in Germany, which tested camcorders widely available in Europe. In this article we've reported the results for models in the German test that are also available in Australia. The models listed below are available in Australia as well, but we can't report on them as they weren't included in the European test.

- CANON UC 1000 and UC 8 Hi.
- HITACHI VM 2700 E.
- JVC GR-AX 350 EK and GR-HF 900 EK.
- PANASONIC NV-A 5 A, NV-R 55 A, NV-S 70 A, NV-RX 1 A and NV-RX 2 A.
- SHARP VL-E 37 X, VL-E 47 X, VL-H 420 X.
- SONY CCD-TR 330, CCD-TR 670, CCD-TR 880, CCD-TRV 40, CCD-RV 100, CCD-VX 1, CCD-SC 6.

Features

	1	2	2	3	4	5	6	7	8
Brand/model	System	Colour LCD screen	Viewfinder	Microphone socket	Focal length range (in mm)	Zoom ratio	Widest angle of view (in degrees)	Power zoom	Focus
DIGITAL CAMCORDERS									
SONY DCR-VX 1000	Digital		E, C	✓	5.9 - 59	1 : 10	32	✓ (variable)	AF + manual
SONY DCR-VX 700	Digital		E, C	✓	6.1 - 61	1 : 10	32	✓ (variable)	AF + manual
HIGH-BAND CAMCORDERS									
PANASONIC NV-S 99 A	S-VHS-C		E, C	✓	3.9 - 54.6	1 : 14	36	✓ (variable)	AF + manual
SONY CCD-TR 3000	Hi-8		E, C	✓	4.3 - 68.8	1 : 16	34	✓ (variable)	AF + manual
SONY CCD-TRV 70	Hi-8	✓	E, B/W	✓	5.4 - 64.8	1 : 12	28	✓ (2)	AF + manual
HITACHI VM-H 710 E	Hi-8		E, C		4 - 48	1 : 12	32	✓ (1)	AF + motor-assist
HITACHI VM-H 610 E	Hi-8		E, B/W		4 - 48	1 : 12	32	✓ (1)	AF + motor-assist
CANON EX-2 Hi	Hi-8		E, B/W	✓	8 - 120	1 : 15	28	✓ (2)	AF + manual
CANON UC-X2 Hi	Hi-8		E, C	✓	4 - 80	1 : 20	34	✓ (variable)	AF + motor-assist
HITACHI VM-H 80 E	Hi-8		E, B/W	✓	5 - 60	1 : 12	28	✓ (2)	AF + manual
JVC GR-SX 1 EG	S-VHS-C		E, C	✓	5 - 50	1 : 10	38	✓ (2)	AF + manual
STANDARD CAMCORDERS									
PANASONIC NV-R 33 A	VHS-C		E, B/W	✓	3.9 - 39	1 : 10	32	✓ (variable)	AF + manual
PANASONIC NV-R 11 A	VHS-C		E, B/W		3.9 - 39	1 : 10	32	✓ (variable)	AF + manual
PANASONIC NV-V 10 A	VHS-C	✓	E, B/W		3.9 - 39	1 : 10	32	✓ (variable)	AF + manual
SONY CCD-TR 380	Video-8		E, B/W	✓	5.4 - 64.8	1 : 12	32	✓ (2)	AF only
SONY CCD-TRV 30	Video-8	✓	E, B/W	✓	5.4 - 64.8	1 : 12	34	✓ (2)	AF only
SANYO VM-EX 220 P	Video-8		E, B/W	✓	4.6 - 46	1 : 10	30	✓ (1)	AF + motor-assist
BLAUPUNKT FV 845	Video-8	✓	E, B/W	✓	5.4 - 64.8	1 : 12	36	✓ (2)	AF + manual
HITACHI VM-E 410 E	Video-8		E, B/W		4 - 48	1 : 12	32	✓ (1)	AF + motor-assist
CANON UC-200	Video-8		E, B/W	✓	4 - 48	1 : 12	34	✓ (variable)	AF only
HITACHI VM-E 210 E	Video-8		E, B/W		4 - 48	1 : 12	32	✓ (1)	AF + motor-assist
SONY CCD-FX 730 V	Video-8	✓	E, B/W	✓	5.4 - 64.8	1 : 12	36	✓ (2)	AF only
SONY CCD TR 440	Video-8		E, C	✓	5.4 - 64.8	1 : 12	34	✓ (2)	AF only
JVC GR-AX 800 EK	VHS-C		E, B/W		4.2 - 50.4	1 : 12	28	✓ (variable)	AF + motor-assist
JVC GR-AX 200 EA	VHS-C		E, B/W		4.2 - 50.4	1 : 12	32	✓ (variable)	AF + motor-assist
JVC GR-AX 400 EA	VHS-C		E, B/W		4.2 - 50.4	1 : 12	32	✓ (variable)	AF + motor-assist
SANYO VM-PS 12	Video-8		O, C		3.6 - 10.8	1 : 3	36		Fixed focus only
NOT RECOMMENDED									
PANASONIC NV-A 3 A	VHS-C		E, B/W		4.6 - 46	1 : 10	28	✓ (variable)	AF + manual
SAMSUNG VP-U 12	Video-8		E, B/W		5.4 - 64.8	1 : 12	36	✓ (1)	AF + manual
SAMSUNG VP-U 10	Video-8		E, B/W		6 - 48	1 : 8	30	✓ (1)	AF + manual
JVC GR-SV 3 EG	VHS-C	✓	O, C		4 - 12	1 : 3	32	✓ (1)	Fixed focus only

(A) Dubbing and edit control possible via remote control.

(B) With delay timer and time-lapse function.

(C) In minutes.

(D) Graphic display.

1 System

See *The systems available* on page 39 for detailed descriptions.

2 Colour LCD screen / viewfinder

The type of viewfinder or screen has little effect on a camcorder's performance, just its convenience. A colour LCD screen can make recording and viewing easier. The viewfinder options include electronic (E) which is preferable to optical (O), and black-and-white (B/W) or colour (C). For more details see *Finding the view* on page 40.

3 Microphone socket

You can generally improve the sound quality with an external microphone, so a

socket is important, especially for those models with a sound quality rating lower than 'good' (see *Rankings table*).

4 Focal length range

If you're more familiar with photography, bear in mind the focal length ranges of camcorders — as given in the table — don't directly relate to those of still cameras. On a camcorder, a range of, say, between 4 and 65 mm is comparable to a 40/45 to 400/500 mm focal length range of a compact or SLR camera.

5 Zoom ratio

The larger the zoom ratio, the better you can record distant objects and make them appear closer. A zoom factor of 10 is usually sufficient for most purposes; to get steady pictures above a factor of 12 you need a tripod.

6 Widest angle of view

The wider the angle of view, the wider the view for recording.

7 Power zoom

A tick in this column means the camcorder has a power zoom as distinct from a hand zoom only — indicated by a blank in this column. The number in brackets indicates the number of speeds.

8 Focus

The JVC GR-SV 3 EG and the SANYO VM-PS 12 have fixed focus only; all other models in the test have a zoom lens with autofocus (AF). However, it's desirable to be able to switch the autofocus off — for creative effects or, for example, if you're panning across a distant landscape and don't want the camcorder to refocus on nearby objects.

	10	10	11	11	11	12	13	14	15	
re liser	Full-auto button	Programmed settings	Manual white balance	Manual aperture control	Backlight compensation	Fade in/out	Remote control	Insert edit	Remaining tape indicator	Brand/model
	✓	✓	✓	✓		✓	✓	✓	✓ (C)	SONY DCR-VX 1000
	✓	✓		✓		✓	✓	✓	✓ (C)	SONY DCR-VX 700
	✓	✓	✓	✓		✓	✓		✓ (C)	PANASONIC NV-S 99 A
	✓		✓	✓		✓	✓	✓		SONY CCD-TR 3000
		✓			✓	✓	✓		✓ (D)	SONY CCD-TRV 70
						✓	✓	✓	✓ (D)	HITACHI VM-H 710 E
						✓	✓	✓	✓ (D)	HITACHI VM-H 610 E
	✓		✓	✓		✓	✓			CANON EX-2 HI
	✓	✓	✓	✓		✓	✓		✓ (C)	CANON UC-X2 HI
					✓	✓	✓	✓	✓ (D)	HITACHI VM-H 80 E
	✓	✓	✓	✓		✓	✓ (A)	✓	✓ (C)	JVC GR-SX 1 EG
	✓	✓	✓		✓	✓			✓ (C)	PANASONIC NV-R 33 A
	✓	✓	✓		✓	✓			✓ (C)	PANASONIC NV-R 11 A
	✓	✓	✓		✓	✓			✓ (C)	PANASONIC NV-V 10 A
		✓			✓	✓	✓		✓ (D)	SONY CCD-TR 380
		✓			✓	✓	✓		✓ (D)	SONY CCD-TRV 30
	✓	✓				✓	✓		✓ (D)	SANYO VM-EX 220 P
		✓			✓	✓	✓		✓ (D)	BLAUPUNKT FV 845
						✓	✓	✓	✓ (D)	HITACHI VM-E 410 E
	✓	✓			✓	✓	✓			CANON UC-200
							✓	✓	✓ (D)	HITACHI VM-E 210 E
		✓			✓	✓	✓		✓ (D)	SONY CCD-FX 730 V
	✓	✓			✓		✓			SONY CCD TR 440
	✓	✓	✓	✓		✓	✓	✓	✓ (C)	JVC GR-AX 800 EK
	✓	✓	✓	✓		✓	✓		✓ (C)	JVC GR-AX 200 EA
	✓	✓	✓	✓		✓	✓	✓	✓ (C)	JVC GR-AX 400 EA
									✓ (D)	SANYO VM-PS 12
	✓	✓							✓ (C)	PANASONIC NV-A 3 A
	✓	✓			✓	✓	✓	✓		SAMSUNG VP-U 12
	✓	✓			✓	✓	✓ (B)	✓		SAMSUNG VP-U 10
										JVC GR-SV 3 EG

■ **AF + manual** in this column means you can choose autofocus or adjust the focusing ring or wheel by hand.

■ **AF + motor-assisted** means you can choose autofocus or push a button or rocker switch to adjust the focus manually.

9 Picture stabiliser

Nearly half of the camcorders tested had a picture stabiliser and most worked well. (Only on the **HITACHI VM-H 610 E** did the picture scale change a little with the stabiliser in use.) It's useful when you're recording at maximum zoom or recording moving objects without a tripod or stand. But don't expect miracles — even the best picture stabiliser won't compensate for a shaky hand when you're panning at maximum zoom! And take a spare battery pack when you're recording outside — a picture stabiliser uses a lot of energy.

10 Automatic and programmed settings

Switch on the full-auto button and all controls will be adjusted automatically — a good feature for beginners. A tick in the programmed settings column indicates the model has a number of preset controls for filming in special situations — such as with moving objects (for example, at the races) or in unusual light (for example, at sunset).

11 Manual white balance, aperture control and backlight compensation

These manual override controls help recording under difficult conditions, such as in the snow, in dim light or when shooting into the light.

12 Fade in/out

A fade function lets you progressively increase or decrease picture brightness or sound volume.

13 Remote control

A cordless remote control can make it easier to film yourself and to replay the tape in the camcorder when it's plugged into your VCR or TV.

14 Insert edit

With all the models tested you can electronically edit (copy) material from one tape to another. This is referred to as assemble edit. An insert edit feature lets you insert new material into a defined spot on your tape, so you can reshoot a scene straight onto the edited tape.

15 Remaining tape indicator

A graphic or a time display (in minutes) on the camcorder lets you know how much recording time is left on your tape.



RECALLS AND BANS

THE PRODUCT: Herbal Supplied has recalled **Hilde Hemmes' Indian Corn**, 50 g dried herbs, batches 22-32 and 22-33 only, expiry (both batches) June 2000.

The problem: Foreign matter of animal origin has been found in some packs.

What to do: Return to the place of purchase for a credit.

THE PRODUCT: Hayman Reese has recalled its **Hayman Reese Standard Towbar** (part numbers 1321, 1322, 1323), around 1200 of which were supplied through authorised distributors throughout Australia, and fitted from June 1995 to the following vehicles:

■ **Holden VR/VS models of Commodore, Calais, Statesman and Caprice** with independent rear suspension (IRS).

■ **Equivalent Toyota Lexcens** with IRS.

Vehicles fitted with the Hayman Reese heavy-duty hitch receiver (square-hole towbar) are not affected.

The problem: Potential exists for the towbar to strike the road surface and damage the car when the vehicle is at maximum suspension compression, combined with an irregular road

surface. There is no apparent safety risk in normal driving and towing conditions.

What to do: All owners of vehicles fitted with the product should have it replaced with a newly designed towbar now available through authorised Hayman Reese distributors. The towbar will be supplied and fitted free of charge. Contact Hayman Reese toll-free on 1800 812 017 to arrange replacement.

THE PRODUCT: Franklins has recalled 'Baby Days' **One-piece Soother** (APN No: 9310172131541) from its stores in NSW, the ACT, Victoria, Queensland and SA.

The problem: The dummy fails to meet the Australian Standard.

What to do: Return the product to the nearest Franklins store for a full refund. For information contact Franklins customer services' 24-hour hotline: NSW — 008 621 111; Queensland — 1800 814 771; SA — 008 815 650; Victoria — 008 815 718.

THE PRODUCT: Woolworths Supermarkets, Variety and Crazy Prices Stores, Safeway, Roelofs and Purity Supermarkets, Flemings and Food for Less have recalled the following products:

■ **Girl's nightshirt 'Sleepygirl' brand**, long sleeve, sizes 4 to 12, assorted prints. Ref: 51522, barcode: 9300633 453695.

■ **Baby nightgown**, long sleeve, size 0 only, in colours white/pink, blue/mint and lemon, with assorted prints and smocking around the neck with four back-closure buttons. Ref: 64620, barcode: 9311679051127.

■ **Girl's nightshirt**, sizes 6 to 14, knitted garment with printed features. Ref: 50336, barcode: 9300633 412388.

The problem: These three products do not comply with the Australian Standard and pose a very high fire risk.

■ **Girl's pyjamas, 'Sleepygirl' brand**, long sleeve, sizes 2 to 8, kitten print. Ref: 51525, barcode: 9300633 453732.

■ **Girl's pyjamas, 'sleepygirl' brand**, long sleeve, sizes 6 to 12, with 'Mad nightcap bunch' picture on stars and stripes print. Ref: 51527, barcode: 9300633 453756.

■ **Girl's nightshirt, 'Sleepygirl' brand**, long sleeve, sizes 6 to 14, 'Unleash me' print on white background. Ref: 51524, barcode: 9300633 453718.

■ **Girl's nightshirt, 'Sleepygirl' brand**, long sleeve, sizes 6 to 14, with 'Bone tired' print on white background. Ref: 51523, barcode: 9300633 453701.

The problem: The fire danger warning label on these four products is smaller than required

by the Australian Standard. The pyjamas do not have a fire danger warning label on the pants.

■ **Girl's pyjamas, 'Sleepygirl' brand**, sizes 6 to 12. Ref: 51526, barcode: 9300633 453749.

The problem: This product exceeds the allowable dimensions under the Australian Standard and has no fire danger warning on the pants. There is a high fire danger risk.

■ **Baby's Sleeping Bag, 'Little Wishes' brand**, long sleeve, sizes 00, 0 and 1, to fit ages 6 to 18 months, in mint/white/pink with assorted animal prints. Ref: 50213, barcode: 9300633 451431. **Note:** *Flemings and Food for Less stores are not included in the product recall for this product.*

The problem: This product does not have the correct fire danger warning label appropriate to the style of the item. It should state: **Warning, high fire danger, keep away from fire.**

What to do: Cease using all these products immediately and return them to the place of purchase for a full refund. For further information, contact the product recall co-ordinator on (02) 847 1180.

THE PRODUCT: Myer has recalled **pre-packed continental cakes**, bought from its Melbourne City Store between March 23, 1996, and April 16, 1996.

The problem: Some cakes may have been tampered with. Tampering discovered so far has taken the form of metal dressmaker-type pins inserted into some cakes.

What to do: Return the product to the store for a full refund.

THE PRODUCT: Steggle's has recalled **Steggle's, Safeway and Farmland-branded breast fillet** products on trays:

■ **500 g, 1 kg or random-weight wrapped trays of fresh chicken breast fillet** (skin on and skin off) with use-by dates up to and including April 28, 1996.

■ **Random-weight wrapped trays of fresh chicken stir-fry, chicken tenderloin and chicken breast strips** with use-by dates up to and including April 28, 1996.

This product was sold from Safeway, Franklins No Frills and Coles supermarkets in Victoria and the Albany-Wodonga region only and is labelled: 'Packed by Steggle's Ltd'.

The problem: Small pieces of electrical wire have been found in some of these products.

What to do: If you have any of these products with use-by dates of April 18 to April 28 inclusive, return them to the place of purchase for a refund. For further information, contact Vince Scamporlino at Steggle's, (052) 27 6668.

ORIGIN CORRECTION

THE PRODUCT: Australia Post accidentally included **Stamp Album Stock Sheets** imported from overseas with its Australian stock, with a representation that they were 'Proudly Made in Australia'. They include:

■ **A4 2-Strip, 10-pack**, barcode (last 6 digits) 193683.

■ **A4 5-Strip, 10-pack**, barcode (last 6 digits) 193690.

■ **A4 6-Strip, 10-pack**, barcode (last 6 digits) 193706.

■ **A4 7-Strip, 10-pack**, barcode (last 6 digits) 193713.

■ **A4 Mixed, 10-pack**, barcode (last 6 digits) 409821.

■ **Stamp Gang, 5-pack**, barcode (last 6 digits) 193805.

The problem: Australia Post says the imported product is the same quality and sold at the same price as the Australian product, but consumers might feel misled if they thought they were buying an Australian-made product.

What to do: If you wish to return the complete pack or individual imported sheets marked 'Prinz System — Germany' or 'Made in England — Hagner', return the stock sheets to any Australia Post outlet in person or by mail for a refund.

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THE PRODUCT: Rover Australia has recalled Range Rover vehicles built between June 1994 and March 1995 with vehicle identification numbers in the range of 300000 to 309758. The VIN is displayed on the vehicle compliance plate located on the left-hand pillar between the front and back doors.

The problem: The rear suspension composite radius arms may develop hairline stress cracks and need to be replaced.

What to do: Contact your closest Rover dealer or Rover Australia regional office: Sydney (02) 685 5111, Melbourne/Tasmania: (03) 9690 0510, Brisbane (07) 3834 4890, Perth/Ade-laide/Darwin (09) 268 2571.

THE PRODUCT: TKM Automotive Australia has recalled Volkswagen Golf, model year 1994/1995, fitted with VR6 engine only, with vehicle inspection numbers VVVWZZZ1HZRW119165 to VVVWZZZ1HZSW410889 (the VIN is on the engine compartment bulkhead, visible under the bonnet through a small plastic window in the sill at the base of the windscreen).

The problem: Under extreme operating conditions, the radiator fan could fail, after which the engine could overheat and eventually stall if it's kept running after the fan has failed.

What to do: Contact your nearest Volkswagen dealer to have the fan fixed free of charge. Until it's fixed, regularly check the engine coolant temperature gauge and warning light on the instrument panel, and listen for a high-pitched noise coming from the engine compartment. If you hear a noise, or see the gauge is high and the warning light illuminates, stop your car as soon as is safely possible and switch the engine off.

PUBLIC SAFETY WARNING

THE PRODUCT: Vulcan has issued a public safety warning for Vulcan Quasar Portable Electric Heaters, manufactured before February 1991 (excludes series E and F).

The problem: In certain circumstances such as a power surge or electronic component failure, the heater could overheat internally, which could result in melting or combustion.

What to do: Cease operating this heater immediately, check the model series (printed on a silver sticker located on the lower rear panel of the product), then contact the Vulcan free-call information line, weekdays 7 am-7 pm, 1800 624 527.

TWELVE-MONTH INDEX

AUGUST 1995 — JULY 1996

(T) Test

(D) Includes assessment of suitability for people with disabilities

(U) Update of previous report

* Additions or corrections to reports, small follow-up items, or letters

Air conditioners	Nov (T), Feb*	'mad cow' disease	Jun	On-line information services	Sep
Air pollution	Oct*	margarine and spreads, trans fat	Oct (T)	Ovens	
Airline overbooking	Dec	milk	Jun (T)	wall, electric multi-function	Feb (T,D)
Alarm systems, home	Mar	soy drink and cholesterol	Jul	microwave, 25-30 L	Feb (T,D)
Alcohol, health effects	Aug	weight loss programs	Nov, Jan*		
Answering machines	Mar (T)	Fridges, 500 L	Dec, Feb (U)	Pay TV	Apr
Banks		Genetic engineering in food	May	Personal loans	Jan, Apr*
'basic' accounts	May	Greening your office	Sep	Pet food	Oct
EFTPOS charges	May	Guarantees, 'lifetime'	Jul	Pets, rights and responsibilities	Oct, Dec*, Mar*
savings accounts	Oct, Dec*, Jan (*,U)			Phones, mobile digital	Jan (T)
Bathroom renovations	Apr	Hair removal	Sep (T)	Plastics recycling	Jun
Blenders, handheld	Dec (T,D), Feb*	Health services	Aug	Printers	
Buying guide, annual	Dec	doctors and specialists	Aug	choosing	Jul
		for travellers	Dec, Feb (U)	colour inkjet	Oct (T), Nov (U)
Camcorders	Jul (T)	help hotlines	Jul		
Carpet cleaning	Jun	hospitals, surviving	Mar	Recycling, plastics	Jun
Cars		informed consent	Aug	Refrigerators, 500 L	Dec (T), Feb (U)
air conditioning	Oct, Dec (U)	insurance	Jul (T)	Removalists	Aug
anti-lock braking systems	Aug	making a complaint	Aug	Republic choices	Nov
child restraints	Feb (U)	Heaters, gas, decorative-effect	May (T)		
jacks, safety	Jun	High chairs	Sep (T,D)	Savings accounts	Oct, Dec*, Jan (*,U)
reliability	Apr, May*	Home and contents insurance	Feb (T)	Scams, medical and diet	May
security	Jun	Home security	Mar, Jun*	Scotch	Dec (T)
steering locks	Jun (T)	alarm systems	Mar	Shares	Sep, Nov*, May*
Cassette decks	Jan (T), Mar*	window locks	Mar (T)	Shopping from home	May
CD players, multi-disc	Mar (T), Jun*	Hormone replacement therapy	Nov	Steering locks, car	Jun (T)
Children				Smart cards	Feb
car restraints	Feb (U)	Ice cream and 'soft serve'	Jan	Soy drink and cholesterol	Jul
dummies	Feb, Jun (U)	Immunisation	Apr	Superannuation	
immunisation	Apr	Index, four-year	Jun	basics of	Apr
Clothes dryers	Oct (T,D)	Insurance		personal	May, Jul*
Cold and flu treatments	Jul	health	Jul (T)		
Computer basics	Mar	home and contents	Feb (T)	Televisions, 34 cm	Apr (T,D)
Computer printers, choosing	Jul	Internet access providers	Jun (T)	Term deposits	Mar
Cooling your home	Nov	Investing in shares	Sep, Nov*, May*	Termite inspections	Jan (T), Mar (*,U), Apr*, Jul*
Cordless drills	Aug (T,D), Nov*	Knives, 8" cook's	May (T,D)	Trans fat, in margarine, etc	Oct (T)
Detergents, laundry	Apr (T), Jun*	Labelling, green	Apr	Travellers' health	Dec, Feb (U)
Dispute resolution	Sep	Laundry detergents	Apr (T), Jun*	TV, pay	Apr
Drills, cordless	Aug (T,D), Nov*	Lawnmowers, electric	Nov (T)		
Drinking water quality	Sep	'Mad cow' disease	Jun	Wall ovens, electric	Feb (T,D)
Dummies, safety	Feb, Jun (U)	Mail-order shopping	May	Warranties, 'lifetime'	Jul
		Mediation centres	Sep	Washing machines	Dec (T,D), Feb*
Electromagnetic fields	Jan, May*	Microwave ovens, 25-30 L	Feb (T,D)	Water, bottled	Feb
Environmental labelling claims	Apr	Milk	Jun (T)	Water quality	Sep
Fax machines	Aug (T)	Mobile phones, digital	Jan (T)	Weight-loss programs	Nov, Jan*
Food		Modems, buying a package	Sep	Whisky, scotch	Dec (T)
bottled water	Feb	Multimedia	Nov	Wills, making one	Feb, May*, Jul*
genetic engineering	May			Window locks	Mar (T)
ice cream and 'soft-serve'	Jan (T)			Windows 95	Jan